FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State 387958 DOCUMENT # 1. Entity Name PETROLEUM SERVICE CO. OF PENSACOLA INC. 02-14-2002 90048 049 ***150.00 Principal Place of Business Mailing Address P. O. BOX 4027 P. O. BOX 4027 325 E. COMMERCE STREET 325 E. COMMERCE STREET PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1407673 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TESCHEL, TERRY J. Street Address (P.O. Box Number is Not Acceptable) 316 PAYNE RD. PENSACOLA FL 32507 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <u>.11.</u> TITI F TITLE Change ☐ Addition Delete TESCHEL, TERRY J. NAME NAME STREET ADDRESS 316 PAYNE ROAD STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-ST-ZIP D۷ TITLE ☐ Delete TITLE Change ☐ Addition TESCHEL, RICKY NAME NAME 700 COLEMO PLACE DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Addition NAME TESCHEL, CAMILLE M NAME -STREET ADDRESS 2112 BAINBRIDGE AVE. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

AE TerryJ.Teschel President