

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 395927

1. Entity Name

PETROLEUM MARKETERS, INC.

Principal Place of Business

2246 TIVOLI LN.
JACKSONVILLE FL 32259

Mailing Address

2246 TIVOLI LN.
JACKSONVILLE FL 32259

2. Principal Place of Business

2246 Tivoli Ln

Suite, Apt. #, etc.

3. Mailing Address

2246 Tivoli Ln

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32259

Country

USA

Zip

32259

Country

USA

4. FEI Number

59-1568865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMPE, DIEDRICH L
2246 TIVOLI LN
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name

CATHERINE M. LAMPE

Street Address (P.O. Box Number is Not Acceptable)

2246 TIVOLI LN

City

JACKSONVILLE FLORIDA

FL

Zip Code

32259

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

Catherine M. Lampe Vice President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAMPE, DIEDRICH L	
STREET ADDRESS	2246 TIVOLI LN.	
CITY-ST-ZIP	SWITZERLAND FL	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	CATHERINE M. LAMPE	
STREET ADDRESS	2246 TIVOLI LN	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Catherine M. Lampe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

904 287 10 14

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90020 010 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)