2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **465208** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name PETRO CHEMICAL PRODUCTS, INC. 04-18-2000 90248 008 ***150.00 Principal Place of Business -Mailing Address 2910 W. BEAVER STREET 111 NW 12TH AVE DEERFIELD BEACH FL 33442-1701 JACKSONVILLE FL 32254 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-1562245 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. DATE (NOTE. Registered Agent signature required when reinstating) 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, 2000 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 12. Addition TITLE TITLE Delete BELL, PAUL. NAME 100 NW 12TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP ☐ Delete TITLE TITLE WHELAN, JOHN J NAME NAME 100 NW 12TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP ACKGON VIIIE TITLE Delete TITLE **GIVENS. WAYNE** NAME NAME 2910 W BEALERSTLEE 100 NW 12TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TOKSONVILLE FL 3225 **DEERFIELD BCH FL 33442** CITY-ST-ZIP TITLE TITLE ☐ Delete THOMAS, GARY L NAME NAME STREET ADDRESS 100 NW 12TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Delete TITLE ALLEN, A. TUCKER NAME 100 NW 12TH AVE STREET ADDRESS STREET ADDRESS DEERFIELD BCH FL 33442 CITY-ST-ZIP CITY-ST-ZIP A\$ Delete TITLE TITLE BRILLIANT, JON A NAME NAME 111 NW 12TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL 33442 13. Thereby certify that the information supplied with this filling 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:

SOFFICER OF DIRECTOR DAYLING Phone #

CH2E034 (9/99)