

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H00241

1. Entity Name

SOUTHERNMOST PETROLEUM CORPORATION

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90001 027 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O EDWARD P. GUTTENMACHER  
2600 DOUGLAS ROAD. PH8  
CORAL GABLES FL 33134  
US

% EDWARD P. GUTTENMACHER  
2600 DOUGLAS ROAD. PH8  
CORAL GABLES FL 33134-6143  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2395352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTTENMACHER, EDWARD P.  
19 WEST FLAGLER ST.  
MIAMI FL 33130-4448

Name

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

2600 Douglas Rd  
Penthouse 8

City

Coral Gables

FL

Zip Code

33134

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

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MOONEY, ELIZABETH JACOBS  
US HIGHWAY 1  
ISLAMORADO FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
MOONEY, JAMES  
US HIGHWAY 1  
ISLAMORADO FL

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 necessary powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)