

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90325 004 ****50.00

DOCUMENT # L02000008750

1. Entity Name

PETROLEUM EQUIPMENT PROPERTIES OF FLORIDA LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3683 CROWN POINTE RD.

Suite, Apt. #, etc.

3. Mailing Address

3683 CROWN POINTE RD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

02-0586342

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32257

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City
MIAMI

FL

Zip Code
33131

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

PAUL SMITH, VICE PRESIDENT

02-07-03

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MGRM	BENDLE, THOMAS A	252 PINEHURST POINT DR.	ST. AUGUSTINE FL 32092
MGRM	WHITMAN, PAUL S	8229 BAHIA BLANCA CT.	JACKSONVILLE FL 32256
MGRM	BERNSTEIN, STEVE	1404 S. BURGUNDY TRAIL	JACKSONVILLE FL 32259
MGRM	BACHELOR, JOEY	10067 E. CHESTER LAKE RD.	JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

THOMAS A BENDLE, MGRM

1-17-03

Date

904-571-7976

Daytime Phone #