

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90015 048 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|--|---|
| DOCUMENT # L02496 | | | |
| 1. Entity Name PETRO-QUAD, INC. | | | |
| Principal Place of Business % RICHARD A. ZACUR 5200 CENTRAL AVE ST PETERSBURG FL 33707-1834 | | Mailing Address % RICHARD A. ZACUR 5200 CENTRAL AVE ST PETERSBURG FL 33707-1834 | |
| 2. Principal Place of Business 1266 34th ST N | | 3. Mailing Address 1266 34th ST N | |
| Suite, Apt. #, etc. ST-PEIE | | Suite, Apt. #, etc. ST-PEIE FL | |
| City & State FL 33713 | | City & State 33713 USA | |
| Zip 33713 | Country USA | 4. FEI Number 59-2958612 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent TW ACCOUNTING 5200 CENTRAL AVE 1266 34TH STREET NORTH TAMPA FL 33613 | | 7. Name and Address of New Registered Agent Name T.W. ACCOUNTING Street Address (P.O. Box Number is Not Acceptable) 15312 CARROLLTON LN. City TAMPA FL Zip Code 33624 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____ | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small> | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | | | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CHARARA, RADWAN 1266 34TH ST N ST PETERSBURG FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CHARARA, HASSAN 1266 34TH ST N ST PETERSBURG FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____ | | | |

CR2E034 (10/00)