## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2002 8:00 am & Secretary of State DOCUMENT # M08062 1. Entity Name 04-16-2002 90174 043 \*\*\*150 00 PETROLEUM RECOVERY, INC. Principal Place of Business Mailing Address 4111-SW-47TH AVE--4111 SW 47TH AVE-SUITE 305 SUITE 307 -SUITE 307 DAVIE-FL-93314 DAVIE FL 33314-2. Principal Place of Business Mailing Address 49602022 PO BO4 292398 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ite # City & State City & State 4. FEI Number Applied For Davie Florida Davie 59-2465410 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ALL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARTHUR FURBERG Street Address (P.O. Box Number is N 4111-SW-47TH AVENUE #307 DAVIE FL 33314-Zip Code 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) 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 require ent and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE M Change ☐ Addition NAME FURBERG, ARTHUR R. NAME STREET ADDRESS 4111 SW 47TH AVE SUITE 307 STREET ADDRESS CITY-ST-7IP DAVIE FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME TAYLOR-GRECO, ANDREA NAME 411 SW 47TH AVE #307-STREET ADDRESS STREET ADDRESS 960 ru CITY-ST-ZIP DAVIE FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: