

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90178 029 ***150.00

DOCUMENT # P00000039660

1. Entity Name
DRB PETROLEUM, INC.

Principal Place of Business
1595 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

Mailing Address
1595 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952



2. Principal Place of Business
3146 S.E. Overbrook Dr
 Suite, Apt. #, etc.

3. Mailing Address
3146 S.E. Overbrook Dr
 Suite, Apt. #, etc.

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

4. FEI Number
65-1024825

Applied For
☐ **Not Applicable**

Zip
34952

Country

Zip
34952

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARRELL, RICKEY L
1595 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **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 *Weyman Brown* **Weyman Brown** **4-25-02**
(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FARRELL, RICKEY L	
STREET ADDRESS	1595 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	P	<input type="checkbox"/> Delete
NAME	LESLIE, CAROLYN	
STREET ADDRESS	1595 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, WEYMAN	
STREET ADDRESS	1595 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Weyman Brown* **Weyman Brown**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (9/01)