

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050810

1. Entity Name
PETROLEUM BUYERS ASSOCIATION, INC.



APPROVED
AND
FILED

03 OCT -6 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10402 SW 50 COURT
COOPER CITY FL 33328

Mailing Address
10402 SW 50 COURT
COOPER CITY FL 33328



REINSTATEMENT 2003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1016733

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADUANO, CHARLES A
10402 SW 50 COURT
COOPER CITY FL 33328

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**PAYING
\$758.75 WITH
LATE
FEES**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**P
PADVANO, CHARLES A
10402 S.W. 50TH STREET
COOPER CITY FL 33328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
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**Vice President
Richard O. Goff
10402 S.W. 50th Ct.
Cooper city fl. 33328**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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**500023584435
10/06/03--01048--020 **758.75**

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-327-8444

CP2E034 (10/02)

0364187 AV