

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061572

1. Entity Name
JCR PETRO SPECIALISTS, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90082 027 ***150.00

Principal Place of Business
2277 SW OLYMPIC CLUB TERR
PALM CITY FL 34990

Mailing Address
2277 SW OLYMPIC CLUB TERR
PALM CITY FL 34990

2. Principal Place of Business
2411 SE DIXIE HIGHWAY
Suite, Apt. #, etc.

3. Mailing Address
2411 SE DIXIE HIGHWAY
Suite, Apt. #, etc.

City & State
STUART FL

City & State
STUART FL

4. FEI Number
65-1022888

Applied For
Not Applicable

Zip
34996
Country
MARTIN

Zip
34996
Country
MARTIN

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

COSENTINO, JAMES
2277 SW OLYMPIC CLUB TERR
PALM CITY FL 34990

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/S JAMES COSENTINO 2277 SW OLYMPIC CLUB TER PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JAMES COSENTINO PRES 4/19/01 286-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)