## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P00000072176 04-23-2001 90057 009 \*\*\*150.00 ADVANCED PETROLEUM SYSTEMS INC. Mailing Address Principal Place of Business 1761 S.W. 56TH AVENUE 1761 S.W. 56TH AVENUE PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 16171 NW 57th Ave. 3. Mailing Address 16171 NW 57th Ave. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number Miami, FL City & State Miami, FL 65-1027943 Not Applicable \$8.75 Additional Country Zio 33014 Country 匑 5. Certificate of Status Desired Fee Required Miami-Dade 33014 Miami-Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ronald E.-Payne-MCCORMICK, ARTHUR F Street Address (P.O. Box Number is Not Acceptable) 7550 S.W. 57TH AVENUE 1761 SW 56th Ave. #203 SOUTH MIAMI FL 33143 Zip Code City Plantation 33317 hips statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named Ronald (Ron) E. Payno SIGNATURE (NOTE: Registered Agent signature required when reinstaling) me of registered agent and this if applicable. 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 requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. President/Secretary/ CR2E034 (10/00) TITLE XXX Change ☐ Delete TITLE NAME CEO PAYNE, RONALD STREET ADDRESS STREET ADDRESS 1761 S.W. 56TH AVENUE City-ST-ZIP C17-51-79 PLANTATION FL 33317 Change ☐ Addition XX Delete TITLE TITLE NAME MCCARTHY, JIM NAME STREET ADDRESS STREET ADDRESS 13004 SAN JOSE STREET CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 Vice President/Treasure T Change TITLE ☐ Delete TITLE Gayle S. Payne NAME NAME 1761 SW 56th Ave. Plantation, FL 33317 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Director XX Change Addition TTTLE Delete TITLE Ellane P.Watkins MAME NAME STREET ADDRESS 1163 Hartman Rd. STREET ADDRESS Lexington, NC 27295 CITY-ST-ZIP CITY-ST-7IP ☐ Addition XX Change TITLE Director Delete TITLE NAME Jane B. Swayngim NAME STREET ADDRESS STREET ADDRESS 214 Hastings Drive CITY-ST-ZIP CITY-ST-ZIP Kernersville, NC ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 reports 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.

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