FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 💪

Feb 15, 2002 8:00 am P00000072176 DOCUMENT # **Secretary of State** 1. Entity Name 02-15-2002 90014 040 ***150.00 ADVANCED PETROLEUM SYSTEMS INC. Principal Place of Business Mailing Address 16171 NW 57TH AVENUE 16171 NW 57TH AVENUE MIAMI FL 33014 MIAMI FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1027943 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAYNE, RONALD E Street Address (P.O. Box Number is Not Acceptable) 16171 NW 57TH AVENUE MIAMI FL 33014 City 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 requirement 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 **PSCE** CR2E034 (9/01) TITLE ☐ Delete TITI F ☐ Change Addition PAYNE, RONALD NAME NAME STREET ADDRESS 1761 S.W. 56TH AVENUE STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME PAYNE, GAYLE S NAME STREET ADDRESS 1761 SW 56TH AVENUE STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33317** CITY-ST-ZIP Delete TITLE TITLE Addition Change NAME -NAME WATKINS, ELLANE P STREET ADDRESS STREET ADDRESS 1163 HARTMAN ROAD CITY-ST-ZIP **LEXINGTON NC 27295** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SWAYNGIM, JANE B NAME NAME STREET ADDRESS 214 HASTINGS DRIVE STREET ADDRESS CITY-ST-ZIP KERNERSVILLE NC 27284 CITY-ST-ZIP TITI É Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 of 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