

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90201 015 ***150.00

DOCUMENT # P00000072176

1. Entity Name
ADVANCED PETROLEUM SYSTEMS INC.



Principal Place of Business
16171 NW 57TH AVENUE
MIAMI FL 33014

Mailing Address
16171 NW 57TH AVENUE
MIAMI FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1027943

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

PAYNE, RONALD E
16171 NW 57TH AVENUE
MIAMI FL 33014

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

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	PSCE	☐ Delete
NAME	PAYNE, RONALD	
STREET ADDRESS	1761 S.W. 56TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VPT	☐ Delete
NAME	PAYNE, GAYLE S	
STREET ADDRESS	1761 SW 56TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	☐ Delete
NAME	WATKINS, ELLANE P	
STREET ADDRESS	1163 HARTMAN ROAD	
CITY-ST-ZIP	LEXINGTON NC 27295	
TITLE	D	☐ Delete
NAME	SWAYNGIM, JANE B	
STREET ADDRESS	214 HASTINGS DRIVE	
CITY-ST-ZIP	KERNERSVILLE NC 27284	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 persons.

SIGNATURE:

SIGNATURE REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (10/02)