

FILED  
May 27, 2003 8:00 am  
Secretary of State

05-27-2003 90177 018 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P22593

1. Entity Name  
**PETRO-CHEMICAL TRANSPORT, INC.**



Principal Place of Business  
143 W FRANKLIN ST  
CHAPEL HILL, NC 27515 US

Mailing Address  
~~PO BOX 2729~~  
CHAPEL HILL, NC 27515-2729 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 35519  
Suite, Apt. #, etc.

City & State  
Canton OH

Zip  
44735-5519

Country  
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**74-1356755**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 NO. 111111 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**

TITLE	P	<input type="checkbox"/> Delete
NAME	REID, JAMES	
STREET ADDRESS	3440 SOJOURN, STE 100	
CITY-ST-ZIP	CARROLLTON, TX 75006	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	YOUNG, CARL	
STREET ADDRESS	4896 DRESSLER ROAD NW STE 100	
CITY-ST-ZIP	CANTON, OH 44718	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COWAN, EARL	
STREET ADDRESS	143 W FRANKLIN ST	
CITY-ST-ZIP	CHAPEL HILL, NC 27515	
TITLE	D	<input type="checkbox"/> Delete
NAME	NASH, DENNIS	
STREET ADDRESS	4896 DRESSLER ROAD NW STE 100	
CITY-ST-ZIP	CANTON, OH 44718	
TITLE	DO	<input type="checkbox"/> Delete
NAME	SHAFFER, LEE P	
STREET ADDRESS	143 W. FRANKLIN STREET	
CITY-ST-ZIP	CHAPEL HILL, NC 27516	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Earl Cowan* Earl Cowan 5-21-03 919-967-8771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)