

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2001 8:00 am**
Secretary of State

02-16-2001 90007 018 ***150.00

0046702

DOCUMENT # P92000005187

1. Entity Name

PETROL ONE, INC.

Principal Place of Business

**2045 2ND AVE.
DELAND FL 32724**

Mailing Address

**2045 2ND AVE.
DELAND FL 32724**

2. Principal Place of Business

PO Box 9006

3. Mailing Address

PO Box 9006

Suite, Apt. #, etc.

ST AUGUSTINE

Suite, Apt. #, etc.

City & State

City & State

ST AUGUSTINE FL

Zip

FL

Country

32085

Zip

32085

Country

USA

4. FEI Number

59-3152414

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SHERRED, M
2045 SECOND AVE
DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

SHERRED M.

Street Address (P.O. Box Number is Not Acceptable)

5111 SHORE DRIVE**ST AUGUSTINE**

City

FL

Zip Code

32085

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02 13 019. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SHERRED, MICHELLE**
STREET ADDRESS **2045 2ND AVE.**
CITY-ST-ZIP **DELAND FL 32724**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **SHERRED MICHELLE**
STREET ADDRESS **5111 SHORE DRIVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32085**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A SHERRED

Date

Daytime Phone #

02 13 01 904 794 021

CR2E034 (10/00)