## **FILED**

Feb 27, 2002 8:00 am Secretary of State

02-27-2002 90075 035 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P93000052961

DOCUMENT # 1. Entity Name

PETRINVEST, INC.

Principal Place of Business

1714 CAPE CORAL PARKWAY CAPE CORAL FL 33904

Mailing Address

1714 CAPE CORAL PARKWAY

CAPE CORAL FL 33904

| 2. Principal Place of Business   |                       | 3. Mailing Address                              |                               |   |  | DO NOT WRITE IN THIS SPACE |                                     |                             |               |                    |
|--|-----------------------|---|-------------------------------|---|--|----------------------------|-------------------------------------|-----------------------------|---------------|--------------------|
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.                             |                               |   |  |                            |                                     |                             |               |                    |
| City & State   |                       | City & State                                    |                               | <b>4</b> . F  | 4. FEI Number 65-0486283   |                            |                                     | oplied For<br>ot Applicable |               |                    |
| Zip  |                       | Country   | Zip                           | Zip Country   |  |                            | Certificate of Status Desired       |                             | 75 Additional |                    |
|  | 6. Name an            | d Address of Current                            | Registered Agent              | <u> </u>  | <u> </u>   | 7. N                       | ame and Address of New Re           | gistered A                  | gent          |                    |
| ROOSA, F   | RICHARD V             |   |                               |   | Name<br>Street Addres  | s (P.O. B                  | ox Number is Not Acceptable)        |                             | ·             |                    |
| 1714 CAP   | PE CORAL PA           | RKWAY   |                               |   | On the control of the |                            |                                     |                             |               |                    |
| CAPE CORAL FL 33904  |                       |   |                               |   |  |                            |                                     |                             |               |                    |
|  | *,                    |   |                               |   |  |                            |                                     | FL                          | Zip Coo       | e                  |
| 8. The above   | named entity su       | ubmits this statement fo                        | or the purpose of changing it | s register  | ed office or regis   | stered age                 | ent, or both, in the State of Flori | da.                         |               | 3                  |
|  | *                     |   |                               |   |  |                            |                                     |                             |               |                    |
| SIGNATURE _  | Signature, typed or p | rinted name of registered agent                 | and title if applicable. (NO  | TE: Registere   | ed Agent signature requ  | uired when rei             | instating)                          | DATE                        |               |                    |
|  |                       |   |                               |   | -IC-@1E0-00-   |                            |                                     |                             |               |                    |
|  |                       | Lto.satisfy.its.Intangible<br>Lelects to do so. | After May 1, 20               |   | •  | ,                          | 10. Election Campaign Fina          |                             |               | 0 May Be           |
|  | ia on back)           |   | Make Check Paya               |   |  |                            | Trust Fund Contribution.            | ب                           | Adde          | d to Fees          |
| 11. 12:  |                       | OFFICERS AND                                    | DIRECTORS                     | 12.   |  | AD                         | DITIONS/CHANGES TO OFFIC            | ERS AND                     | DIRECTOR      | S IN 11            |
| TITLE  | D                     |   | ☐ Detete                      | : TITL  | E  |                            |                                     |                             | ☐ Change      | ☐ Addition         |
| NAME   | BAUMANN,              |   |                               | NAM   | 1  |                            |                                     |                             |               |                    |
| STREET ADDRESS   | POSTFACH              |   |                               | la .  | EET ADDRESS<br>(-ST-ZIP  |                            |                                     |                             |               |                    |
| CITY-ST-ZIP  |                       | H SWITZERLAND                                   |                               | — <u>(</u> j—   |  |                            |                                     |                             | Change        | ☐ Addition         |
| TITLE  | D<br>Horni, P         |   | ☐ Delete                      | TITL  | <b>I</b>   |                            |                                     |                             | Change        | ☐ Addition         |
| NAME<br>STREET ADDRESS   | POSTFACH              | 220   |                               | н   | EET ADDRESS  |                            |                                     |                             |               |                    |
| CITY-ST-ZIP  | 8027 ZURIC            |   |                               | W -   |  |                            |                                     |                             |               |                    |
|  |                       |   |                               | CITY  | r-ST-ZIP   |                            |                                     |                             |               |                    |
| TITLE  | D                     | THE OWN LENDAND                                 | ☐ Delete                      | CITY  |  |                            |                                     |                             | Change        | ☐ Addition         |
| TITLE<br>NAME  | D<br>Senn, H          | TI OWNIELIENIO                                  | Delete                        |   | Ē  |                            |                                     |                             | Change        | Addition           |
|  | SENN, H<br>POSTFACH   | 220   | Delete                        | TITL<br>NAM<br>STRI   | E<br>ME<br>EET ADDRESS   |                            |                                     |                             | Change        | ☐ Addition         |
| NAME   | SENN, H<br>POSTFACH   |   | Delete                        | TITL<br>NAM<br>STRI   | E<br>1E  |                            |                                     |                             |               |                    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SENN, H<br>POSTFACH   | 220   | ☐ Delete                      | TITL<br>NAM<br>STRI<br>CITY   | E  ME  EET ADDRESS  (-ST-ZIP  E  |                            |                                     |                             | ☐ Change      | Addition Addition  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | SENN, H<br>POSTFACH   | 220   |                               | TITL<br>NAM<br>STRI<br>CITY<br>TITL   | E AE EET AODRESS (-ST-ZIP E E  |                            |                                     |                             |               |                    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | SENN, H<br>POSTFACH   | 220   |                               | TITL<br>NAM<br>STRI<br>CITY<br>TITL<br>NAM<br>STRI  | E  ME  EET ADDRESS  (-ST-ZIP  E  |                            |                                     |                             |               |                    |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | SENN, H<br>POSTFACH   | 220   | ☐ Delete                      | TITL<br>NAM<br>STRI<br>CITY<br>TITL<br>NAM<br>STRI<br>CITY                                | E ALE ADDRESS (-ST-ZIP)  E ALE ADDRESS (-ST-ZIP)  E ALE ADDRESS (-ST-ZIP)  |                            |                                     |                             | ☐ Change      | Addition           |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | SENN, H<br>POSTFACH   | 220   |                               | TITL<br>NAM<br>STRI<br>CITY<br>TITL<br>NAM<br>STRI  | E ALC ADDRESS (-ST-ZIP)  E ALC ADDRESS (-ST-ZIP)  E ALC ADDRESS (-ST-ZIP)  E EET ADDRESS (-ST-ZIP)  E  |                            |                                     |                             |               |                    |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | SENN, H<br>POSTFACH   | 220   | ☐ Delete                      | TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL                             | E ALC ADDRESS (-ST-ZIP)  E ALC ADDRESS (-ST-ZIP)  E ALC ADDRESS (-ST-ZIP)  E EET ADDRESS (-ST-ZIP)  E  |                            |                                     |                             | ☐ Change      | Addition           |
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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 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:

Was a Opposite Im Baumann SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2002 Date

01 202 70 10

Daytime Phone #