

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059357

1. Entity Name

ATLANTIC PETRO/ENVIRO SALES & SERVICE, INC.

FILED

Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90013 037 \*\*\*150.00

Principal Place of Business

Mailing Address

648 ANGLE ROAD  
FORT PIERCE FL 34947

POST OFFICE BOX 1959  
FORT PIERCE FL 34954-1959

2. Principal Place of Business

3. Mailing Address

1050 Old Dixie Hwy S.W.  
Suite, Apt. #, etc.

1050 Old Dixie Hwy S.W.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Vero Beach FL

Vero Beach FL

4. FEI Number

65-0666563

Applied For

Not Applicable

Zip

Country

32962

US

Zip

Country

32962

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLMES, DONALD  
7818 LONG COVE WAY  
PT ST. LUCIE FL 34986

Name

Robert S. Holmes

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

1050 Old Dixie Hwy S.W.

City

Vero Beach

FL

Zip Code

32962

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

Robert S. Holmes President

[Signature]

1/31/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS HOLMES, DONALD R 648 ANGLE ROAD FORT PIERCE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, CYNTHIA S 648 ANGLE ROAD FORT PIERCE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOLMES, R S 648 ANGLE ROAD FORT PIERCE FL 34947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAPARELLA, PATRICK J 4280 MCCARTY ROAD FT PIERCE FL 34945	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert S. Holmes President 1050 Old Dixie Hwy S.W. Vero Beach, FL 32962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] Robert S. Holmes

Date

1/31/00

Daytime Phone #

661-537-6610