

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90552 024 ***150.00

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1. Entity Name
ATLANTIC PETRO/ENVIRO SALES & SERVICE, INC.



Principal Place of Business
1050 OLD DIXIE HWY SW
VERO BEACH FL 32962

Mailing Address
1050 OLD DIXIE HWY SW
VERO BEACH FL 32962

2. Principal Place of Business
4602 MAGNUM Drive

3. Mailing Address
PO Box 15249

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FL. Pierce FL

City & State
FL. Pierce, FL

4. FEI Number **65-0666563**

☐ Applied For
☐ Not Applicable

Zip **34981** **Country** **US**

Zip **34979** **Country** **US**

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

6. Name and Address of Current Registered Agent

HOLMES, ROBERT S
1050 OLD DIXIE HWY S.W.
VERO BEACH FL 32962

7. Name and Address of New Registered Agent

Name **Holmes Robert S.**
Street Address (P.O. Box Number is Not Acceptable) **2751 TAIL PINES ST**
City **FL. Pierce** **FL** **Zip Code** **34945**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	HOLMES, R S	
STREET ADDRESS	1050 OLD DIXIE HWY S.W.	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holmes Robert S.	
STREET ADDRESS	4602 MAGNUM DRIVE	
CITY-ST-ZIP	FL. Pierce, FL 34945	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 772-562-7641

Date

Daytime Phone #

CR2E034 (10/02)