

**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

DOCUMENT # P96000059357

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.

City & State
Ft. Pierce FL

City & State
Ft. Pierce, FL

Zip
34981

Country
US

Zip
34979

Country
US

CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0666563

Applied For
 Applied For
 Not Applicable

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
Ft. Pierce

State
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 _____ DATE _____

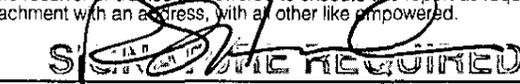
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOLMES, R S 1050 OLD DIXIE HWY S.W. VERO BEACH FL 32962	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Holmes Robert S. 4602 MAGNUM DRIVE Ft. Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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**

Date: **1/20/03** Daytime Phone #: **772-562-7641**

CR2E034 (10/02)