

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90065 025 ***150.00

DOCUMENT # P97000008733

1. Entity Name

PETROS CORPORATION

Principal Place of Business

Mailing Address

1505 SE 40TH ST
 SUITE C
 CAPE CORAL FL 33904

1505 SE 40TH ST
 SUITE C
 CAPE CORAL FL 33904-7913

2. Principal Place of Business

3. Mailing Address

3414 Oasis Blvd.
 Suite, Apt. #, etc.

P.O. Box 152018
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Cape Coral, FL

Cape Coral, FL

4. FEI Number

65-0729955

Applied For

Not Applicable

Zip

Country

33914 USA

Zip

Country

33915 USA

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

HS BLAIR & ASSOCIATES INC.
 1505 SE 40TH ST
 SUITE C
 CAPE CORAL FL 33904

Name

Peter Langenberg

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

5322 S.W. 22nd Place

City

Cape Coral

FL

Zip Code

33914

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LANGENBERG, PETER	KRUMMLING 3A	65931 FRANKFURT	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Peter Langenberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.03.2000

Date

Daytime Phone #