

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000008733**

1. Entity Name

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

03-30-2000 90065 025 ***150.00

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

3414 Davis Blvd.

3. Mailing Address

P.O. Box 152018

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-0729955

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33915

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03.03.2000