

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91387 020 ***150.00

031701A AV

DOCUMENT # P97000013710

1. Entity Name

FLORIDA TANK & FUEL SERVICE, INC.

Principal Place of Business

**4470 RAVENSWOOD ROAD
 FORT LAUDERDALE FL 33312**

Mailing Address

**4470 RAVENSWOOD ROAD
 FORT LAUDERDALE FL 33312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**ON SITE
~~4470 RAVENSWOOD ROAD~~**

3. Mailing Address

4470 RAVENSWOOD RD

City & State

DANIA FLA

City & State

DANIA FLA

4. FEI Number

65-0756537

Applied For

Not Applicable

Zip

33004

Country

BROWARD

Zip

33004

Country

BROWARD

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANKENBERGER, MICHAEL E
 4470 RAVENSWOOD ROAD
 FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Michael E Frankenger Pres

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, 2002 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 **DP** ☐ Delete
 NAME **FRANKENBERGER, MICHAEL E**
 STREET ADDRESS **4470 RAVENSWOOD ROAD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Michael E Frankenger Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)