2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

MINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P97000017028 PETROLEUM PACKERS OF JACKSONVILLE, INC. 04-23-2001 90074 001 ***600.00 Principal Place of Business Mailing Address 3101 TALLEYRAND AVE 1601 MCCLOSKEY BLVD. JACKSONVILLE FL 32206-2639 TAMPA FL 33605-6710 3 8 3 Z b 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3437077 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ BARKETT, KENNETH D Street Address (P.O. Box Number is Not Acceptable) 1601 MCCLOSKEY BLVD TAMPA FL 33605 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD TITLE ☐ Delete TITLE ☐ Change BARKETT, HARRY J NAME NAME STREET ADDRESS STREET ADDRESS 1601 MCCLOSKEY BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605-6710 Change ☐ Addition ☐ Delete TITI F BARKETT, ANTHONY J NAME NAME STREET ADDRESS STREET ADDRESS 1601 MCCLOSKEY BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 ☐ Change Addition AS ☐ Delete TITLE TITLE BARKETT: KENNETH D NAME NAME STREET ADDRESS STREET ADDRESS 1601 MCCLOSKEY BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 Change ☐ Addition ☐ Delete TITLE TITLE BARKETT, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 1601 MCCLOSKEY BLVD CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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