

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031462

1. Entity Name

PETROLEUM COKE MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

50 NE 1ST AVE  
BOCA RATON FL 33432

50 NE 1ST AVE  
BOCA RATON FL 33431-3425

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90085 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4400 N.  
Federal Highway

3. Mailing Address 4400 N.  
Federal Highway

Suite, Apt. #, etc. Ste 36

Suite, Apt. #, etc. Ste 36

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number 65-0830289

Applied For  
Not Applicable

Zip 33431 Country USA

Zip 33431 Country 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

WALSER, THOMAS C  
7015 BERACASA WAY  
SUITE 201  
BOCA RATON FL 33433

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

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 DPT  
NAME VALENTINE, PATRICK E  
STREET ADDRESS 50 NE 1ST AVE  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

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

TITLE DVPS  
NAME LARSON, DIANE  
STREET ADDRESS 50 NE 1ST AVE.  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: DIANE LARSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00  
Date

561 447 0841  
Daytime Phone #