

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031462

1. Entity Name

PETROLEUM COKE MANAGEMENT COMPANY

Principal Place of Business

4400N FEDERAL HWY
STE 36
BOCA RATON FL 33431

Mailing Address

4400N FEDERAL HWY
STE 36
BOCA RATON FL 33431

2. Principal Place of Business

4800 N. FEDERAL HWY

Suite, Apt. #, etc.

STE D-106

City & State

BOCA RATON, FL

Zip
33431

Country
USA

3. Mailing Address

4800 N. FEDERAL HWY

Suite, Apt. #, etc.

STE D-106

City & State

BOCA RATON, FL

Zip
33431

Country
USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0830289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

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, 2001 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	DPT	<input type="checkbox"/> Delete
NAME	VALENTINE, PATRICK E	
STREET ADDRESS	50 NE 1ST AVE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	LARSON, DIANE	
STREET ADDRESS	50 NE 1ST AVE.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, PATRICK E	
STREET ADDRESS	4800 N. FEDERAL HWY, STE D-106	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, DIANE	
STREET ADDRESS	4800 N. FEDERAL HWY, STE. D-106	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Diane Larson DIANE LARSON

1/8/01

Date

561 447 0841

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

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