## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9.7000031462

## **FILED** Feb 24, 2002 8:00 am Secretary of State 02-24-2002 90003 042 \*\*\*150.00

1. Entity Nam	ne .			•					
Pet	roleum Coke Mana	gement Company							
			;					v	
•	DO NOT WRIT	E IN THIS SI	PAC	E			• :•		
2. Principal F 4800 N	3. Mailing Address 4800 N. Fede	Address N. Federal Hwy							
Suite, Apt. D-106	#, etc.	Suite, Apt. #, etc. D-106	-106			DO NOT WRITE IN THIS SPACE			
City & Stat	Raton, FL	City & State  Boca Raton, FL		,	4. FEI Number Applied For 65-0830289 Not Applicable				
Zip 33431	Country Zip 31 USA 33431		Country		5. (	5. Certificate of Status Desired			
				Name T		me and Address of Current Regist	ered A	gent	
DO NOT WRITE				Walser, Thomas C  Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				Street Addless (F.O. Box Number is Not Acceptable)					
IN I MIS SPACE				7015	Berac	racasa Way, Ste 201			
				Boca Raton FL			Zip Code 33433		
8. The above	named entity submits this statement	for the purpose of changing its	registered				-		
				i.		•		}	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	: Registered	Agent signature	required when re	instating) DA	TE		
Tax filing r	oration is eligible to satisfy its Intangib equirement and elects to do so. tia on back)	January 1 - N After May Amende Make Check Payab	1, Fee is 1 UBR Is	\$550.00 \$61.25		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11.	OFFICERS AN	D DIRECTORS	<u> </u>		7				
TITLE A	DPT		TITLE Name	· [-	PT			·	
STREET ADDRESS CITY-ST-ZIP	4800 N.Federal Hwv. Ste D-106			T ADDRESS 4	1800 N	alentine, Patrick E. 300 N. Federal Hwy, Ste-D-106 oca Raton, FL 33431			
TITLE	DVPS		TITLE		VPS	WCOMP IN CORD			
NAME STREET ADDRESS CITY-ST-ZIP	14000 N. rederal HWV. Ste D-106			1 +	Larson, Diane 4800 N. Federal Hwy, Ste D-106 Boca Raton, FL 33431				
TITLE	BOCA RATON, FL 3	33431	TITLE	51-217 E	oca R	aton, FL 33431			
NAME			NAME			•		j	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	r address St-zip	. 6	DO NOT WI	RIT	E.	
TITLE			TITLE			IN THIS SPA	\C		
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CiTY-ST-ZIP	}		CITY-S	,					

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

AND XOLSON Diane Larson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Diane Larson SIGNATURE

2/11/02

561 447 0841

Daytime Phone #