

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90004 046 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000064094

1. Entity Name
4 NET PETROLEUM, INC.

Principal Place of Business **Mailing Address**
11139 TAMiami TRAIL E. **11139 TAMiami TRAIL E.**
NAPLES FL 34112 **NAPLES FL 34113-7753**

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3460579		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DEONARINE, HANSRAJ 11139 E TAMiami TRAIL NAPLES FL 34113				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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROPER, HARRY W		NAME	President	
STREET ADDRESS	500 ROYAL MARCO WAY		STREET ADDRESS	5000 Royal Marco Way #426	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	M. Island, FL 34145	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEONARINE, HANSRAJ		NAME	DEONARINE, HANSRAJ	
STREET ADDRESS	PICCADILLY CIRCUS		STREET ADDRESS	PICCADILLY CIRCUS	
CITY-ST-ZIP	NAPLES FL 34112		CITY-ST-ZIP	Naples FL 34112	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMTAHAL, RANDOLPH		NAME	V. P. RAMTAHAL RANDOLPH	
STREET ADDRESS	119 BLUE RIDGE DR		STREET ADDRESS	119 Blue Ridge Dr	
CITY-ST-ZIP	NAPLES FL 34112		CITY-ST-ZIP	Naples FL 34112	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AHAMMAD, ZAMI		NAME	S. Zami Ahammadi	
STREET ADDRESS	7713 JEWEL LANE, #104		STREET ADDRESS	7713 Jewel Ln #104	
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	Naples FL 34109	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Ramtahal Randolph* **RAMTAHAL RANDOLPH** **2/1/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)