2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000070777**

1. Entity Narfle

PETROLEUM ONE CORPORATION

Principal Place of Business 921 UNIVERSTIY BLVD N JACKSONVILLE FL 32211

Mailing Address

921 UNIVERSTIY BLVD N JACKSONVILLE FL 32211

2. Principal Place of Business 3. Mailing Address



04-23-2001 90219 038 ***150.00



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Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 Synatry, types or general name of registered agent and title? Agent synatry requires when remaining) 9. This corporation is eligible to satisfy its lininagible Task filing requirement and address to do so. (See criteria on back) 9. This corporation is obstity its lininagible Task filing requirement and sects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11 TITLE D AVAZI, REZA SIRET AURIESS CITY-S1-ZP PONTE VEDRA BCH. FL 32082 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May B Added to Free Additional Contribution. \$7. Anne and Address of New Registered Agent Signature, the additional contribution. 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May B Added to Free Additional Contribution. 10. Election Campaign Financing Trust Fund Contribution. \$7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11 TITLE D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FAYAZI, REZA STRET AURIESS CITY-S1-ZP DOTE VEDRA BCH. FL 32082 10. SECTION CONTRIBUTED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FAYAZI, REZA STRET AURIESS CITY-S1-ZP Delte TITLE NAME STRET AURIESS CITY-S1-ZP Delte TITLE Delte TITLE Delte TITLE Delte TITLE Delte TITLE Delte TITLE STRET AURIESS CITY-S1-ZP Delte TITLE Delte TITLE Delte TITLE Delte TITLE Delte TITLE Delte TITLE Delte TITL	City & State		City & State		4.	FEI Number 59-	3465025		oplied For	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	· -	6. Name and Address of Current Re	gistered Agent		7. 1	Name and Address	of New Register	ed Agent		
STEET ADDRESS OTH-SET POPER BCH. FL 32082 STEET ADDRESS OTH-SET POP					Name					
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 ingitateved agent and the if applicable. NOTE Registered Agent signature required when reversional properties of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This concordation is eligible to satisfy its intanglible Tax filling requirement and elects to do so. (See order's on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME FAYAZI, REZA 205 DEER HAVEN DR PONTE VEDRA BCH. FL 32082 TITLE NAME FAYAZI, GITY 205 DEER HAVEN DR CITY-ST-2P TOTE NAME STREET ADDRESS CITY-ST-2P TOTE NAME STREET ADDRESS CITY-ST-2P TOTE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TO Change Addit CHANGE STREET ADDRESS CITY-ST-2P TO CHANGE STREET ADDRESS CITY-ST-2P TO CHANGE STREET ADDRESS CITY-ST-2P TO CHANGE STREET ADDRESS CITY-ST	921 UNIVERSTIY BLVD N				Street Address (P.O. Box Number is Not Acceptable)					
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STREET ADDRESS CITY-ST-ZIP 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 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 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 exemption stated in Section 119.07(3)(i). Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME Street address City-St-Zip					☐ Addition	

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 attac

SIGNATURE:

N ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #