

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108903

1. Entity Name

PETROLEUM SERVICES OF PALM BEACH, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90326 034 ***150.00

Principal Place of Business

4768 W. COMMERCIAL BLVD
TAMARAC FL 33319

Mailing Address

4768 W. COMMERCIAL BLVD
TAMARAC FL 33319

2. Principal Place of Business

1009 N. St. Rd. 7
Suite, Apt. #, etc.

3. Mailing Address

1009 N. St. Rd. 7
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Royal Palm Beach, FL

Zip
33311

Country
U.S.A.

City & State
Royal Palm Beach, FL

Zip
33311

Country
U.S.A.

4. FEI Number 65-0800061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEEWALD, JAY C
4768 W. COMMERCIAL BLVD
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name: Jay Seewald
Street Address (P.O. Box Number is Not Acceptable): 7700 E. Upper Ridge Dr.
City: Parkland FL Zip Code: 33067

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: *Jay Seewald, President*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/15/01
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: STPD
NAME: SEEWALD, JAY C
STREET ADDRESS: 4768 W. COMMERCIAL BLVD
CITY-ST-ZIP: SUNRISE FL 33319 ☐ Delete

TITLE: DV
NAME: MCCUTCHEN, SCOTT
STREET ADDRESS: 12299 SUNSET POINT LANE
CITY-ST-ZIP: WELLINGTON FL 33414 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: DV
NAME: Rafael Miret
STREET ADDRESS: 4080 S.W. 139th Ave
CITY-ST-ZIP: Miramar, FL 33027 ☐ Change ☒ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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: *Jay Seewald, Pres.*
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01
Date

561-333-2077
Daytime Phone #

CR2E034 (10/00)