

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90289 043 ***150.00

DOCUMENT # P98000082311

1. Entity Name
PETRO 21 INC.

Principal Place of Business

**1101 ROSEMARY CT
 A-104
 NAPLES FL 34103**

Mailing Address

**1101 ROSEMARY CT
 A-104
 NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

1044 CASTELLO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#106 - ASHLEY

City & State

City & State

NAPLES FL

Zip

Country

Zip

Country

34103

4. FEI Number

59-3535005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STETLER, RONALD L
 5889 PELICAN BAY BLVD
 STE 300
 NAPLES FL 34109**

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, 2002 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 **D** ☐ Delete
 NAME **ASHLEY, WAYNE C**
 STREET ADDRESS **1101 ROSEMARY CT #A-104**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Delete
 NAME **ELLIS, A. THOMAS**
 STREET ADDRESS **4704 GOLDEN GATE PARKWAY**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **PS** ☐ Delete
 NAME **JERKINS, MARRELL F**
 STREET ADDRESS **14275 LAUREL TR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **V** ☐ Delete
 NAME **NALE, STEVE**
 STREET ADDRESS **14400 SW 30TH ST**
 CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **N REX ASHLEY**
 CITY-ST-ZIP **1044 CASTELLO DR #106**
NAPLES FL 34103

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)