2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096769

1. Entity Name

R & S PETROLEUM, INC.

Principal Place of Business	Mailing Address
1009 SWEETBRIAR PLACE WELLINGTON FL 33414	1009 SWEETBRIAR PLACE WELLINGTON FL 33414-7941

2. Principal Place of Business	3. Mailing Address		
12679 U.S. HIGHWAY ONE Suite, Apt. #, etc.	Suite, Apt. #, etc		

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number **65-0876630**	Applied For / Not Applicable
JUNO BEACH, FL			

Zip **33408**	Country **PALM BEACH**	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WITKOWSKI, RONALD 12798 WEST FORREST HILL BOULEVARD WELLINGTON FL 33414	Name **RONALD WITKOWSKI** Street Address (P.O. Box Number is Not Acceptable) 12798 FOREST HILL BLVD., STE 202 City **WELLINGTON** **FL** Zip Code **33414**

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 _____ DATE 4/7/00

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

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **PD** NAME **SMITH, STEPHEN T** STREET ADDRESS **1009 SWEETBRIAR PLACE** CITY-ST-ZIP **WELLINGTON FL 33414**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **SD** NAME **SMITH, ROSEMARY E** STREET ADDRESS **1009 SWEETBRIAR PLACE** CITY-ST-ZIP **WELLINGTON FL 33414**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ 4-9-00 561-792-0037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #