

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000106646**

1. Entity Name

CHAMBLISS PETROLEUM SYSTEMS CORP.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90016 014 ***150.00

Principal Place of Business Mailing Address
6550 N. FEDERAL HWY., S-340 6550 N. FEDERAL HWY., S-340
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-1400

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **65-0882207** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRAZIER, ROBERT W JR.
2400 EAST COMMERCIAL BLVD., 826
FT. LAUDERDALE FL 33308

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBLISS, JOE A	
STREET ADDRESS	201 NORTH WEST 127TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAMBLISS, HUNTER W	
STREET ADDRESS	6550 N. FEDERAL HWY., S-340	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRYAN, JAMES W	
STREET ADDRESS	6550 N. FEDERAL HWY., S-340	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	V	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, JAMES	
STREET ADDRESS	10630 NORTH WEST 41ST ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

1/28/00 (954) 772-765