

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000106646**

1. Entity Name
CHAMBLISS PETROLEUM SYSTEMS CORP.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90050 012 ***150.00

721939



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6550 N. FEDERAL HWY., S-340 FT. LAUDERDALE FL 33308	Mailing Address 6550 N. FEDERAL HWY., S-340 FT. LAUDERDALE FL 33308
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2. Principal Place of Business 6550 N. Federal Hwy	3. Mailing Address 6550 N. Federal Hwy
Suite, Apt. #, etc. Suite 240	Suite, Apt. #, etc. Suite 240

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33308	Zip 33308
Country USA	Country USA

4. FEI Number 65-0882207	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6550 N. Federal Hwy, Suite 240 Fort Lauderdale, FL 33308
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6550 N. Federal Hwy, Suite 240 Fort Lauderdale, FL 33308
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **JAMES W. BRYAN** **2/21/01** **(954) 772-7655**

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

CR2E034 (10/00)