

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020554

1. Entity Name
PETROLEUM III USA, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90302 035 ***150.00

Principal Place of Business
**205 DEERHAVEN DRIVE
PONTE VEDRA BEACH FL 32082**

Mailing Address
**205 DEERHAVEN DRIVE
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business
5292 SOUTEL DR.
Suite, Apt. #, etc.

3. Mailing Address
5292 SOUTEL DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE
Zip
32208 Country

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JACKSONVILLE
Zip
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4. FEI Number **59-3560634**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, LAWRENCE R ESQ.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	FAYAZI, REZA			
	5292 SOUTEL DRIVE			
	JACKSONVILLE FL 32208			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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, or if an officer or trustee empowered.

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

CR2E034 (10/00)