## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 28, 2001 8:00 am DOCUMENT # P99000032516 **Secretary of State** 1. Entity Name A.T.P. PETROLEUM INC. 02-28-2001 90095 032 \*\*\*155.00 Principal Place of Business Mailing Address 2303 N. 20TH AVE. 2303 N. 20TH AVE. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0909802 Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMEAU, JACQUES Street Address (P.O. Box Number is Not Acceptable) 2303 N. 20TH AVE. HOLLYWOOD FL 33020 City Zip Code F 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\mathbf{r}$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete TITLE COMEAU, JACQUES NAME NAME STREET ADDRESS STREET ADDRESS 2303 N 20TH AVE CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL 33020 ☐ Change ☐ Addition ☐ Delete TITLE TITLE D NAME NAME HARRINGTON, RICHARD STREET ADDRESS STREET ADDRESS 2530 SUGARLOAF LANE CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33312 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7JP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 .th all other like empowered بانس

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ Delete

SIGNATURE: :

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

**QLO** <u>om</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-01

☐ Change

Addition

CR2E034 (10/00)