

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91451 001 ***150.00

DOCUMENT # *V34577*

1. Entity Name



Petroleum Equipment & Meter Services, Inc.

DO NOT WRITE IN THIS SPACE

90127750

2. Principal Place of Business

1418 Kensington Woods Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1598

Suite, Apt. #, etc.

City & State

Lutz, FL 33549

City & State

Lutz, FL 33548

4. FEI Number

59-3123973

Applied For

Not Applicable

Zip

33549

Country

Zip

33548

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jacob I Reiber Esq

Street Address (P.O. Box Number is Not Acceptable)

27429 Hwy 54 West

City

Wesley Chapel

FL

Zip Code
33543

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|------------------|-----------------------------|-----------------|-------|------|----------------|-----------------|
| DP | Patricia Howsmon | 1418 Kensington Woods Drive | Lutz, FL 33549 | | | | |
| DV | Daniel Howsmon | 1418 Kensington Woods Drive | Lutz, FL 33549 | | | | |
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Howsmon Patricia Howsmon* 4-30-03 8139491664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)