

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 294470

1. Entity Name

CARGO GASOLINE CO

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90047 001 ***150.00

Principal Place of Business

Mailing Address

205 HOOVER ST.
TAMPA FL 33609

205 HOOVER ST.
TAMPA FLA 33609

905950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1097660**

Applied For
Not Applied

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHEY, MIKE
205 SOUTH HOOVER
TAMPA FL 33609

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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	RAWLINS, WANITA M.	
STREET ADDRESS	205 S HOOVER ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	HUGHEY, MIKE	
STREET ADDRESS	205 S HOOVER ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAMES D. FARMER	
STREET ADDRESS	205 S. HOOVER STREET, #400	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARTER, SHIRLEY	
STREET ADDRESS	205 S HOOVER ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BROWNE, DAN	
STREET ADDRESS	205 S. HOOVER ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THATCHER, CAROLYN	
STREET ADDRESS	205 S HOOVER ST	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P S D	<input checked="" 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	VP D	<input checked="" 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 REQUIRED

1-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #