2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am Secretary of State DOCUMENT # P96000058267 KWIK STOP #2505 BRADENTON INC. 02-13-2001 90598 046 ***150.00 Principal Place of Business Mailing Address 2505 26 AVE WEST 2505 26 AVE WEST **BRADENTON FL 34207** Bradenton FL 34207 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 65-0678095 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ISLAM AMINUL AMMUL ISLAM Street Address (P.O. Box Number is Not Acceptable) 4515 26TH ST WEST. APT-1808 2809 207H ST W #12 BRADENTON -BRADZNION FL 34205 - 34207. Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax tiling requirement and elects to do so." 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 CR2E034 (10/00) ☐ Delete ☐ Change ÌΠΕ TITLE ISLAM, AMINUL NAME NAME 4515 26THST WEST.# 1808 STREET ADDRESS 2809 26TN STW #12 STREET ADDRESS BRADENTON. CITY-ST. 7IP CITY-ST-ZIP BRADENION RL 34205 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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: SANATURE AND TYPET OF SENATURE

AMINUL ISLAM.

01-17-01

(941) 755-8503

Date

Daytime Phone 4