

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40304

1. Entity Name

~~QUICK SHOP FOOD STORES INC.~~

GOLF OIL CORP

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90121 048 ***150.00

Principal Place of Business

Mailing Address

P O BOX 273941
TAMPA FL 33688

P O BOX 273941
TAMPA FL 33688-3941

2. Principal Place of Business

3. Mailing Address

5012 E. Broadway Ave.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State TAMPA, FLA

City & State

4. FEI Number 59-3049023

Applied For
Not Applicable

Zip 33619 Country U.S.A

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

GHANNAD, HAMID
16218 FANTASIA DRIVE
TAMPA FL 33624

Name GHANNAD HAMID
Street Address (P.O. Box Number is Not Acceptable)
14021 SHADY SHORES DR.
City TAMPA FL Zip Code 33613

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 D ☒ Delete
NAME GHANNAD, HAMID
STREET ADDRESS 16218 FANTASIA DR.
CITY-ST-ZIP TAMPA FL

TITLE D ☒ Change ☐ Addition
NAME GHANNAD HAMID
STREET ADDRESS 14021 Shady Shores DR.
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☒ Delete
NAME GHANNAD, SHAHNAZ
STREET ADDRESS 16218 FANTASIA DR.
CITY-ST-ZIP TAMPA FL

TITLE P ☒ Change ☐ Addition
NAME GHANNAD SHAHNAZ
STREET ADDRESS 14021 Shady Shores DR.
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Hamid Ghannad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 813-241-4610