

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 540304

1. Entity Name  
~~UNITED OIL CO. INC.~~



FILED  
SECRETARY OF STATE  
VISION OF CORPORATION  
04-23-2003 90109 040 \*\*\*150.00  
03 MAY -1 AM 8:56

United Oil Co. Inc.

Principal Place of Business  
5012 E. BROADWAY  
TAMPA FL 33619

Mailing Address  
5012 E. BROADWAY  
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

P.O. Box 273941

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

Zip

Country

Zip

33688

Country

4. FEI Number

59-3049023

Applied For

Not Applicable

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  
~~5012 E. BROADWAY~~  
~~TAMPA FL 33619~~

Name

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>DPST</u>	<input type="checkbox"/> Delete
NAME	<u>GHANNAD, HAMID</u>	
STREET ADDRESS	<u>5012 E. BROADWAY</u>	
CITY-ST-ZIP	<u>TAMPA FL 33619</u>	
TITLE	<u>DP</u>	<input type="checkbox"/> Delete
NAME	<u>GHANNAD, SHAHNAZ</u>	
STREET ADDRESS	<u>5012 E. BROADWAY</u>	
CITY-ST-ZIP	<u>TAMPA FL 33619</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<u>D</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>14021 SHADY SHORES DR.</u>	
CITY-ST-ZIP	<u>TAMPA, FL 33613</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>14021 SHADY SHORES DR.</u>	
CITY-ST-ZIP	<u>TAMPA, FL 33613</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all copies of the report.

SIGNATURE: Hamid Ghannad

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

Daytime Phone #

CR2E034 (10/02)