2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Nam	MEN # 202929					· •	•		
RADIANT OIL COMPANY OF TAMPA INC						FILED			
TIMOIMIT	OIL COMMINATION TOWNS IN	10							
Principal Place	e of Business	Mailing Address			-	00 APR 27 PM 4: 27			
2004 DURHAM	_	2004 DURHAM STREET				SECRETARY OF STATE			
P.O. BOX 5238 TAMPA FL 3360	•	P.O. BOX 5238 TAMPA FL 33605-6068				FALLAHASSEE, FLORIDA			
1AMFA FE 33005							ALAN AKAN AKAN TA	I ALBIE DIZIK IBAI	
Principal Place of Business 3. Mailing Address									
1302 Suite, Apt.	N. 19th Street	1302 N. 19th Street Suite, Apt #, etc.			_	DO NOT WRITE II	MINI CINII SINII SINII Ni tuic cdace	1 618() 618() (68)	
Suite Suite		Suite 300				BONOT WAITE II	V ITIIO OF ACE		
City & State	•	City & State			4. F	El Number 59-0803625		Applied For Not Applicable	
Tampa Zipi	Country	Tampa, FL Country		try	-	Certificate of Status Desired	<u>√</u> \$8.75	Additional	
33605		33605-		1			Fee Req		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
CAPITANO,NICK Str.					s (P.O. Br	ox Number is Not Acceptable)			
2004 DURHAM ST				1302 N. 19th Street., Ste. 300					
TAMPA FL 33605									
				City Tamp	a			3605	
8. The above	named entity submits this statement for t	the purpose of changing its	register	ed office or regis	tered age	ent, or Stone the Shape Hotel	3892	82	
water						U5/U4/U ****158	1001007 175 ***	*158.75	
SIGNATURE _	Signature, types or printed name of registered agent and	d title if applicable. (NOTE	: Registere	d Agent signature requi	red when re		DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00						10. Election Campaign Finance	eina ¢ i	5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Make Check Payable						Trust Fund Contribution.	· · · · · · · · · · · · · · · · · · ·	ded to Fees	
11.	OFFICERS AND D		12.			L DITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11	
TITLE	PD	☐ Delete	TITL	ı			🙀 Char	nge 🔲 Addition	
NAME STREET ADDRESS	CAPITANO,NICK 602-CAROLYN DR		NAM STR	_	1302	N. 19th Street	ste 3	100	
CITY-ST-ZIP	BRANDON FL			(-SI-ZIP Tampa, FL 33605					
TITLE	D CADITANIO ANICELINA	☐ Delete	TITL NAM		_		🙀 Char	nge 🔲 Addition	
NAME Street address				I	s 1302 N. 19th Street, Ste 300				
CITY-ST-ZIP	BRANDON FL			-ST-ZIP 7	Tampa, FL 33605				
TITLE NAME	D Capitano,joseph	☐ Delete	TITL NAM	I			Char	nge 🔲 Addition	
STREET ADDRESS	2117 ERNA DR			- I	1302	N. 19th Street	t, Ste 3	00	
CITY-ST-ZIP	TAMPA FL		-	-ST-ZIP		a, FL 33605			
TITLE NAME		☐ Delete	TITL NAM	ı			☐ Char	nge 🗌 Additio <u>n</u>	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			-	-ST-ZIP			☐ Char	nge 🗔 Addition	
TITLE NAME		☐ Delete	TITL NAM					ige Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		☐ Delete	TITL	-ST-ZIP			☐ Char	nge 🔲 Addition	
NAME		E bolde	NAM				_		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				SP	
13. Thereby o	ertify that the information supplied with t	his filing does not qualify for	the exe	mption stated in	Section 1	119.07(3)(i), Florida Statutes. I fu	ther certify that t	ne information	
indicated of the cor	on this report or supplemental report is t poration or the receiver or trustee empov	rue and accurate and that m vered to execute this report :	ny signa as requi	ture chall have th	ne same	egal effect as it made under oatr	i' that i am an oit	icer or director 1	
cnanged,	or on an attachment with an address, wi					.1 1 10.			
SIGNAT	URE:	711 17 IO 10 11 18	((انقا			4/26/00 (81)	1)247-4	731	