

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-14-2001 90202 030 ***150.00

DOCUMENT # K54637

1. Entity Name

ACME OIL DISTRIBUTION, INC.

Principal Place of Business

845 N. GARLAND AVE. 1611 A Alden Rd
 SUITE 200 Orlando, FL 32803
 ORLANDO, FL 32804

Mailing Address

POST OFFICE BOX 1193
 ORLANDO FL 32802-1193

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2924835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HANS, KAMALJIT S
 820 FERROUSON DRIVE
 ORLANDO FL 32805

Gonsalves VERA
 1611 A Alden Road
 Orlando, FL 32803

7. Name and Address of New Registered Agent

Name VERA GONSAIVES

Street Address (P.O. Box Number is Not Acceptable)

1611 A Alden Road

City Orlando, FL Zip Code 32803

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

Vera Gonsalves

6/10/01

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, 2001 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

TITLE PDVS
 NAME SAHNI, DEEPINDER S
 STREET ADDRESS 845 N. GARLAND AVE., STE. 200
 CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE T
 NAME SAHNI, DEEPINDER S
 STREET ADDRESS 845 N. GARLAND AVE., STE. 200
 CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE VP
 NAME HANS, KAMAL
 STREET ADDRESS 845 N. GARLAND AVE
 CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE T
 NAME Vera Gonsalves
 STREET ADDRESS 1611 A Alden Road
 CITY-ST-ZIP Orlando, FL 32803 ☐ Change ☒ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Daytime Phone #

CR2E034 (10/00)