

4/1/02

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90675 013 ****50.00

DOCUMENT # L01000002059

1. Entity Name

GIANT OIL #301, LLC

Principal Place of Business

**3904 CORPOREX PARK DR. STE. 150
TAMPA FL 33619-1131**

Mailing Address

**3904 CORPOREX PARK DR. STE. 150
TAMPA FL 33619-1131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-720-2812

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINES, JAMES P ESQ.
HINES NORMAN & ASSOCIATES, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606**

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	manager	<input type="checkbox"/> Delete
NAME	Basem I ALI	
STREET ADDRESS	3904 corporex park DR suite. 150	
CITY-ST-ZIP	Tampa FL 33619	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-20-2002

(813) 740-0422

Date

Daytime Phone #

CR2E083 (9/01)