

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88601

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90205 035 ***150.00

1. Entity Name
SUMMIT OIL, INC.

Principal Place of Business

Mailing Address

7 N COCOA BLVD
 COCOA FL 32926

402 HIGH POINT DR
 STE A
 COCOA FL 32926-6635
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PAUL, HERMAN S.
 2468 ATLANTIC BLVD.
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Mr John Sorlean
 Street Address (P.O. Box Number is Not Acceptable)
1970 Michigan Ave Bldg C
 City Cocoa FL 32922



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3022807**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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)

3/21/00
 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	DP	<input type="checkbox"/> Delete
NAME	SHAH, MAHESH	
STREET ADDRESS	7 NORTH COCOA BLVD	
CITY-ST-ZIP	COCOA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAH, RASHMI	
STREET ADDRESS	7 NORTH COCOA BLVD	
CITY-ST-ZIP	COCOA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BHALANI, GITA	
STREET ADDRESS	3975 PINETOP BLVD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00

(407) 631-0245

CR2E034 (9/99)