2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State **DOCUMENT #** L88601 1. Entity Name 04-24-2002 90332 047 ***150 SUMMIT OIL, INC. Mailing Address Principal Place of Business 402 HIGH POINT DR 7 N COCOA BLVD STF A COCOA FL 32926 COCOA FL 32926 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3022807 Not Applicable \$8.75 Additional Zip Country Zip Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOILLAN -Soiter, Mr John Street Address (P.O. Box Number is Not Acceptable) 1970 MICHIGAN AVENUE BLDG C Zip Code COCOA FL 32922 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) FILE NOW!!! FEE IS \$150.00 9., This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME SHAH, MAHESH STREET ADDRESS 7 NORTH COCOA BLVD STREET ADDRESS CITY-ST-ZIP COCOA FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SHAH, RASHMI STREET ADDRESS 7 NORTH COCOA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL ☐ Addition Change ☐ Delete TITLE TITLE NAME BHALANI, GITA NAME STREET ADDRESS STREET ADDRESS 3975 PINETOP BLVD CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP

FILED