

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90168 039 ***150.00

DOCUMENT # P000000 73887

1. Entity Name

Roma Petroleum

Principal Place of Business

2 Spring Meadow Dr
 Ormond Beach FL
 32174

Mailing Address

2 Spring Meadow Dr
 Ormond Beach FL
 32174

100001116

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

593661918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Hemant Desai
 2 Spring Meadow Dr
 Ormond Beach FL
 32174

7. Name and Address of New Registered Agent

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  R. Desai

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-03

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

PS Hemant Desai ☐ Delete
 2 Spring Meadow Dr
 Ormond Beach FL 32174

VS Manish Desai ☐ Delete
 2 Spring Meadow Dr
 Ormond Beach FL 32174

☐ 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
 TITLE NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ 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
 TITLE NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Change ☐ Addition
 TITLE 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  R. Desai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 (386) 673-6920

Date

Daytime Phone #