FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90739 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090587

1. Entity Name
CITGO QUIK MART, INC.

90122988

Principal Place of Business
1191 THOMASVILLE CIRCLE
LAKELAND, FL 33811

Mailing Address
1191 THOMASVILLE CIRCLE
LAKELAND, FL 33811

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3297 S. JOHN YOUNG PKWY	3297 S. JOHN YOUNG PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL.	City & State
Zip: 34746 Country: U.S.A	Zip: 34746 Country: USA

4. FEI Number 59-3672528 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAKHANI, MEENAZ SADIQ
1191 THOMASVILLE CIRCLE
LAKELAND, FL 33811

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3297 S. JOHN YOUNG PKWY
City KISSIMMEE FL Zip Code 34746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Lakhani — 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAKHANI, MEENAZ SADIQ	NAME	
STREET ADDRESS	1191 THOMASVILLE CIRCLE	STREET ADDRESS	3297 S. JOHN YOUNG PARKWAY
CITY-ST-ZIP	LAKELAND, FL 33811	CITY-ST-ZIP	KISSIMMEE, FL. 34746
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Lakhani — 4/30/03 — (407) 932-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #