

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90361 038 ***150.00

DOCUMENT # P01000005309

1. Entity Name
S.W. FL PETROLEUM INC.

Principal Place of Business

**3006 PALM BEACH BLVD
 FT MYERS FL 33916**

Mailing Address

**3006 PALM BEACH BLVD
 FT MYERS FL 33916**

2. Principal Place of Business

8671 LITTLETON ROAD

**Suite, Apt. #, etc.
 N.F.T. MYERS**

**City & State
 FL**

**Zip
 33903**

**Country
 U.S.A.**

3. Mailing Address

8673 LITTLETON RD

Suite, Apt. #, etc.

**City & State
 N.F.T. MYERS, FL**

**Zip
 33903**

**Country
 U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1067257

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RASHID, MUNAF
 3006 PALM BEACH BLVD
 FT MYERS FL 33916**

7. Name and Address of New Registered Agent

Name RASHID MUNAF

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

8673 LITTLETON ROAD

City N.F.T. MYERS

FL

Zip Code 33903

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

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, 2002 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

TITLE P
NAME RASHID, MUNAF
STREET ADDRESS 3006 PALM BEACH BLVD
CITY-ST-ZIP FT MYERS FL 33916

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RASHID MUNAF
STREET ADDRESS 3941 S.W. 144 TERRACE
CITY-ST-ZIP MIRAMAR, FL 33027

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

(239)656-1072

Date

Daytime Phone #

CR2E034 (9/01)