

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90019 042 ***150.00

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DOCUMENT # P01000034833

1. Entity Name

LAND O' LAKES OIL & GAS, INC.

Principal Place of Business

Mailing Address

~~6800 N. DALE MABRY HWY., STE. 268~~
~~TAMPA FL 33614~~

~~6800 N. DALE MABRY HWY., STE. 268~~
~~TAMPA FL 33614~~

4109 LAND O' LAKES BLVD.
LAND O' LAKES, FLA. 34639.

2. Principal Place of Business

3. Mailing Address

4109 LAND O' LAKES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAND O' LAKES, FL. 34639

Zip

Country

Zip

Country

34639

4. FEI Number

59-3713008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, SANDIP I ESQ

6800 N. DALE MABRY HWY., STE. 268

TAMPA FL 33614

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **Vice President**
 STREET ADDRESS **JAKHOTIA, DEEPAK**
 CITY-ST-ZIP **6800 N. DALE MABRY HWY., STE. 268**
TAMPA FL 33614

TITLE ☐ Change ☐ Addition
 NAME **PRES. RAMCHANDRA JAKHOTIA**
 STREET ADDRESS **1534 WINDING CREEK DR.**
 CITY-ST-ZIP **TAMPA, FLA. 33613**

TITLE ☐ Delete
 NAME **Secretary**
 STREET ADDRESS **SANDIP PATEL I, ESQ**
 CITY-ST-ZIP **6800 N. Dale Mabry Hwy, STE 268**
Tampa, FLA. 33614

TITLE ☐ Change ☐ Addition
 NAME **Treasurer**
 STREET ADDRESS **Sandip I. Patel**
 CITY-ST-ZIP **6800 N. Dale Mabry Hwy, STE 268**
Tampa, FLA. 33614

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

R. R. Jakhotia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-2002

Date

813 929 9120

Daytime Phone #

CR2E034 (9/01)