2002 UNIFORM BUSINESS REPORT (UBR) Feb 27.

DOCUMENT # P01000044264 1. Entity Name FLORIDA PIT STOP, INC.						Secretary of State 02-27-2002 90024 012 ***150.00				
Principal Plac	e of Business	Mailing Address	,							
765 MARKHAM WOODS ROAD 765 MARKHAM WOODS ROAD										
LONGWOOD FL 32779 LONGWOOD FL 32779										
2. Principal Place of Business . SR 426 3. Mailing Address SAM										
29	70 West SR 426	or maining received	SAM	Le						
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
OV/		City & State				FEI Number 31-1793852		No	oplied For ot Applicable	
Zip -327(Country	Zip - •	Coun	try	5.	Certificate of Status Desired		8.75 Add		
	6. Name and Address of Current R	egistered Agent			7.	Name and Address of New R				
	:			Name		5AMe				
JAWAD, ALI				Street Address (P.O. Box Number is Not Acceptable)						
765 MARKHAM WOODS ROAD										
LONGWOOD FL 32779										
				City			FL	Zip Cod	е	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or regis	stered a	gent, or both, in the State of Flo	orida.	4		
SIGNATURE _	Signature, typed or printed name of registered agent an	· · · · · · · · · · · · · · · · · · ·		d Agent signature requ	uired 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 I After May 1, 2002 Fee w Make Check Payable to De						10. Election Campaign Fin Trust Fund Contribution			May Be to Fees	
11.	OFFICERS AND D		12.		Al	DDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR		
TITLE NAME	D ALL	☐ Delete	TITLE NAM					Change	Addition	
STREET ADDRESS	JAWAD, ALI 765 MARKHAM WOODS ROAD		•	ET ADORESS						
CITY-ST-ZIP	LONGWOOD FL 32779		CITY	-ST-ZIP						
TITLE		Delete				and the second of the second		Change	Addition	
NAME STREET ADDRESS	-	-	NAM STRE	E Et address						
CITY-ST-ZIP				-ST-ZIP						
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STREET ADDRESS]				ET ADDRESS - ST-ZIP						
TITLE		□ Delete	TITLE					 [1] Change	☐ Addition	
NAME		Beacte	NAM					_J change		
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CITY-ST-ZIP			CITY	-ST-ZIP		·				
TITLÉ NAME		☐ Delete	TITLE NAME				-	Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP					_	
13. I hereby of indicated of the conchanged,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empoyor on an attachment with an address, where the contract of	his filing does not qualify for the ard accurate and that m lered to execute this report in an other like empowered.	the exer signat as requir	nption stated in ure shall have th red by Chapter t	Section ne same 607, Flor					
SIGNAT	URF: SIGNANA	AEQUOUKQ	\$			2-15-	02	234-6	1980	
JIGITAI	SIGNATURE AND TYPED OR PRI	INTED NAME OF SIGNING OFFICER O	OR DIRECT	OR		Date		time Phone #		