

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90192 008 ***150.00

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DOCUMENT # P01000058941

1. Entity Name

SAM'S PETRO MART, INC.



Principal Place of Business

**3133 ARROW DRIVE
KISSIMMEE FL 34746**

Mailing Address

**3133 ARROW DRIVE
KISSIMMEE FL 34746**

2. Principal Place of Business

5308, Lonesome Dove Dr.

3. Mailing Address

5308, Lonesome Dove Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

FL

4. FEI Number

59-3723448

Applied For

☒ Not Applicable

Zip

34746

Country

Osceola

Zip

Country

Osceola

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BATRA, HARISH K
3133 ARROW DR
KISSIMMEE FL 34746**

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

SIGNATURE

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

TITLE **P** ☐ Delete
NAME **BATRA, HARISH K**
STREET ADDRESS **3133 ARROW DR**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **V** ☐ Delete
NAME **BATRA, SAMEER**
STREET ADDRESS **3133 ARROW DR**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/03

407-396-8048

CR2E034 (10/02)