2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 02, 2002 8:00 am Secretary of State

1. Entity N	UMENT # P0100 L GASOLINE, INC.	0083279	· .	o5-01-2002 91596 023 ***150.00	е
7071 PHILLI	lace of Business IPS HIGHWAY ILLE FL 32216	Mailing Address 7071 PHILLIPS HIGHWA JACKSONVILLE FL 3221	•	The state of the s	
2. Principa	l Place of Business	3: Mailing Address			
		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE	
		City & State		4. FEI Number Applied For Appl	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	<u>= e</u>
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	亅.
CHOUDHRY, MUHAMMAD S 7404 ATLANTIC BOULEVARD				ddress (P.O. Box Number is Not Acceptable)	_
JACKSONVILLE FL 32211					\dashv
	r		City	FL Zip Code	\dashv
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so eria on back)	FILE NOW After May 1, 20	E: Registered Agent signature of the IS \$150.00 O2 Fee will be \$550 old to Department of	0 10. Election Campaign Financing \$5.00 May Be	
TITLE	PD OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	╛.
NAME STREET ÅDORESS CITY-ST-ZIP	WASIQ, SUZAIN 7404 ATLANTIC BOULEVARD JACKSONVILLE FL 32211	☐ Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	E 034 /0/04
NAME STREET ADDRESS CITY-ST-ZIP	VD Durrani, Adeel 7404 Atlantic Boulevard Jacksonville FL 32211	Oelete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME	SD Choudhry, Muhammad S	☐ Delete	TITLE	☐ Change ☐ Addition	7
STREET ADORESS CITY-ST-ZIP	7404 ATLANTIC BOULEVARD JACKSONVILLE FL 32211		STREET ADDRESS CITY-ST-ZIP		- -^
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Qureshi, Wasiq U 7404 Atlantic Boulevard Jacksonville Fl 32211	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	1

13. Thereby certify that the information supplied with this filing does not quality 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 chapter 607 on an attachment with an address, with all other like empowered.

SIGNATURE

04/17/02

(904)281-0018