2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000009583

Entity Name: SARASOTA CITGO INC.

16123 ANCROFT CT.

TAMPA, FL 33647

Address:

City-St-Zip:

FILED Feb 16, 2003 Secretary of State

		717. 011 00 11.0.				
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
	ITVILLE ROAI TA, FL 34237)				
Current Mailing Address:			New Mailing	New Mailing Address:		
16123 ANO TAMPA, F	CROFT CT. L 33647					
FEI Number	: 04-3594803	FEI Number Applied For()	FEI Number Not Applica	able () C	ertificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and A	ddress of Nev	v Registered Agent:	
HASAN, F 16123 ANO TAMPA, F	CROFT CT.					
	e named entity e of Florida.	submits this statement for the pu	irpose of changing its	registered offic	e or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	nt		Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD (ALNADI, IBRAI 16123 ANCRO TAMPA, FL 33	FT CT.	Name: A Address: 1	PDST (X) CH ALNADI, IBRAHIM 16123 ANCROFT (FAMPA, FL 33647	CT.	
Title: Name: Address: City-St-Zip:	VSTD () HASSAN, AWA 13801 N. 37TH TAMPA, FL 30	I ST. # 1311	Title: Name: Address: City-St-Zip:	() Ch	ange()Addition	
Title: Name: Address: City-St-Zip:	D () HASSAN, AWA 13801 N. 37TH TAMPA, FL 30	ST. # 1311	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name:	D () HASAN, FIOAZ	() Delete : S	Title: Name:	() Ch	ange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: IBRAHIM A ALNADI P 02/16/2003