

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90032 009 ***150.00

DOCUMENT # P02000102082	
1. Entity Name	
KWIK STOP #2704, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 TABESSTOCK LOOP		3. Mailing Address 2135 S Volusia Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER SPRINGS, FL		City & State Orange City, FL	
Zip 32708	Country	Zip 32763	Country

DO NOT WRITE IN THIS SPACE

94041392

DO NOT WRITE IN THIS SPACE	4. FEI Number 74-3062532		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Hossain, Mohammad T Street Address (P.O. Box Number is Not Acceptable) 2135 s Volusia Avenue City Orange City FL Zip Code 32763		

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**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE Director	NAME Hossain, Mohammad T	TITLE	
STREET ADDRESS 201 Tablestock Loop		NAME	
CITY-ST-ZIP Wintersprings, FL - 32708		STREET ADDRESS	
TITLE Director	NAME Islam, Mohammad	CITY-ST-ZIP	
STREET ADDRESS 201 Tablestock Loop		TITLE	
CITY-ST-ZIP Wintersprings, FL - 32708		NAME	
TITLE		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/04
Daytime Phone #