

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062089

1. Entity Name

WARI PETROLEUM, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90110 020 ***150.00

Principal Place of Business

7501 E COLONIAL DR
ORLANDO FL 32826

Mailing Address

7501 E COLONIAL DR
ORLANDO FL 32807-6317

2. Principal Place of Business

7300 CURRYFORD RD.

Suite, Apt. #, etc.

3. Mailing Address

7300 CURRYFORD RD.

Suite, Apt. #, etc.

City & State

ORLANDO, FLA.

City & State

ORLANDO FLA.

4. FEI Number

59-3331809

Applied For

Not Applicable

Zip

Country

32822 ORANGE

Zip

Country

32822 ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

WARI, K.J.

Street Address (P.O. Box Number is Not Acceptable)

7300 CURRYFORD RD.

City

ORLANDO

FL

Zip Code

32822

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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 IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WARI, K.J.	
STREET ADDRESS	2401 PIEDMONT LAKES BLVD	
CITY-ST-ZIP	APOPKA FL, 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, 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

Daytime Phone #

3/31/00 407 423-8260

CR2E034 (9/99)