

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90062 047 \*\*\*150.00

DOCUMENT # P95000078926

1. Entity Name

CARROLLWOOD PETROLEUM INC

Principal Place of Business

3817 S MANHATTAN AVE  
TAMPA FL 33611

Mailing Address

3817 S MANHATTAN AVE  
TAMPA FL 33611

2. Principal Place of Business

5635 MEMORIAL HWY

3. Mailing Address

5635 MEMORIAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3340278

Applied For

Not Applicable

Zip

33615

Country

HILLSBOROUGH

Zip

33615

Country

HILLSBOROUGH

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUMAR, RAJIV

3817 S MANHATTAN AVE  
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

RAJIV KUMAR (PRESIDENT)

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

5635 MEMORIAL HWY

City

TAMPA

FL

Zip Code

33615

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

X Rajiv Kumar.

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

(NOTE: Registered Agent signature required when reinstating)

X 01/22/01

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, 2001 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

TITLE VP  
NAME KUMAR, RAJIV  
STREET ADDRESS 3817 S MANHATTAN AVE.  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE PRESIDENT  
NAME ~~RAJIV~~ RAJIV KUMAR  
STREET ADDRESS 5635 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL 33615

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

X Rajiv Kumar.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 01/22/01 X (813) 887-5453

Date Daytime Phone #

CR2E034 (10/00)