

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000164

1. Entity Name

S & B FUEL SERVICES, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90034 038 ***150.00

Principal Place of Business

3277 S.E. 14TH AVENUE
 FORT LAUDERDALE FL 33316-5112

Mailing Address

1800 N PINE ISLAND RD
 PLANTATION FL 33322-5202
 US

2. Principal Place of Business

318 Indian Trace

3. Mailing Address

318 Indian Trace

Suite, Apt. #, etc.

531

Suite, Apt. #, etc.

531

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

Zip

33326

Country

4. FEI Number

65-0720461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SADOWSKI, SCOTT
 318 INDIAN TRACE
 SUITE 531
 WESTON FL 33326

7. Name and Address of New Registered Agent

Name: Moody Jones, Montefusco & Krause, P.A.
 Street Address (P.O. Box Number is Not Acceptable):
Nations Bank Building
1333 University Dr. Suite 201
 City: Plantation FL Zip Code: 33324

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

3/20/00

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

TITLE: PSD ☐ Delete
 NAME: SADOWSKI, SCOTT
 STREET ADDRESS: 3277 S.E. 14TH AVENUE
 CITY-ST-ZIP: FORT LAUDERDALE FL 33316-5112

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSD ☒ Change ☐ Addition
 NAME: Sadowski, Scott
 STREET ADDRESS: 2770 Stirrup Ln
 CITY-ST-ZIP: Weston FL 33331

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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 CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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

Scott J. Sadowski

DATE

Daytime Phone #

3/20/00

954/593-3091

CR2E034 (9/99)