

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015094

1. Entity Name

QWIK PETROLEUM, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90238 005 ***150.00

Principal Place of Business

Mailing Address

1058 N ARMENIA AVE
SUITE 110
TAMPA FL 33607
US

7911 SHORE BLUFF CT
TAMPA FL 33550-1837
US

2. Principal Place of Business

3. Mailing Address

9702 E MLK BLVD

9702 E MLK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMP FL

4. FEI Number

59-3445266

Applied For

Not Applicable

Zip

33610

Country

FLORIDA

Zip

33610

Country

USA

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

CHAUDHRY, OMAR
8401 N ARMENIA AVE
TAMPA FL 33604

Name

OMAR CHAUDHRY

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

9702 E MLK BLVD.

City

TAMPA

FL

Zip Code

33610

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	CHAUDHRY, OMAR	
STREET ADDRESS	9806 MAKO CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAUDHRY, IQBAL	
STREET ADDRESS	7911 SHORE BLUFF CT	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMAR T CHAUDHRY	
STREET ADDRESS	9702 E MLK BLVD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	V-P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IQBAL CHAUDHRY	
STREET ADDRESS	9702 E MLK BLVD.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

4/24/00

Date

813-664-1415

Daytime Phone #