

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020017

1. Entity Name
TIME SAVER CONVENIENCE STORE, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90234 047 ***150.00

Principal Place of Business
3055 CASA DEL SOL #108
CLEARWATER FL 34621

Mailing Address
3055 CASA DEL SOL #108
CLEARWATER FL 34621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3428777

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SABA, WALID
3055 CASA DEL SOL #108
CLEARWATER FL 34621

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P SABA, WALID 3055 CASA DEL SOL #108 CLEARWATER FL 34621	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SABA, WALID REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8-11-00 Daytime Phone #: 727-946-8041

CR2E034 (5/00)

Attachment #P91000020017
DOC A0073982

Florida Department of Revenue
Division of corporation

Re: Uniform Business Report

According to my records, this is the first notice I received regarding the annual fee for the Uniform Business Report. I do own three corporations that I have been paying the business report annual fee every year. Being familiar with the procedure and the consequences I am sure I would not miss the payment if I received the first notice. Although I paid the annual fees for the other corporations, yet I received a second notice ~~on some of them to pay another fee of \$550. I already solved this problem with your~~ department.

Enclosed please find a check for \$150.00 representing the annual fee for the yaer 2000 along with the (UBR) form.

Thank you for cooperation and understanding. If additional information is needed, please do not hesitate to call or write.

Sincerely:



Walid Saba
President