

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90038 017 \*\*\*150.00

**DOCUMENT # P97000045667**

1. Entity Name

**ST. PETE GAS, INC.**

Principal Place of Business

**1766 SENECA BLVD.  
WINTER SPRINGS FL 32708**

Mailing Address

**1766 SENECA BLVD.  
WINTER SPRINGS FL 32708**

2. Principal Place of Business

**1301 Beville Road  
Suite, Apt. #, etc.  
Unit 7**

3. Mailing Address

**1301 Beville Road  
Suite, Apt. #, etc.  
Unit 7**

City & State

**Daytona, Florida  
Zip 32119 Country U.S.A**

City & State

**Daytona, FL  
Zip 32119 Country U.S.A**

4. FEI Number **59-3446818**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, JOHN  
911 S. PARSONS AVE.  
BRANDON FL 33511**

7. Name and Address of New Registered Agent

**Name  
Marilyn Amendolagine  
Street Address, P.O. Box Number is Not Acceptable  
1301 Beville Road Unit 7  
City Daytona FL Zip Code 32119**

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

*Marilyn Amendolagine*

**1/26/01**

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, 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	P	<input type="checkbox"/> Delete
NAME	MICHAEL AMENDOLAGINE	
STREET ADDRESS	6309 PALMAS BAY CIR	
CITY-ST-ZIP	PT ORANGE FL 32119	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KHOSROW OWJI	
STREET ADDRESS	1766 SENECA BLVD	
CITY-ST-ZIP	WINTER SPRGS FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAROLYN OWJI	
STREET ADDRESS	1766 SENECA BLVD	
CITY-ST-ZIP	WINTER SPRGS FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARILYN AMENDOLAGINE	
STREET ADDRESS	6309 PALMAS BAY CIR	
CITY-ST-ZIP	PT ORANGE FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Amendolagine	
STREET ADDRESS	6309 Palmas Bay Circle	
CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	ST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Khosrow Owji	
STREET ADDRESS	1766 Seneca Blvd	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Owji	
STREET ADDRESS	1766 Seneca Blvd	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Amendolagine	
STREET ADDRESS	6309 Palmas Bay Circle	
CITY-ST-ZIP	Port Orange, FL 32119	
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:

*Marilyn Amendolagine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/26/01**

Daytime Phone #

**904-761-0287**

CR2E034 (10/00)