

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000051537**

1. Entity Name

C OIL/SMART STOP, INC.**FILED**
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90160 041 ***150.00

B0009660

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**3612 COVINGTON DR.
HOLIDAY FL 34691****3612 COVINGTON DR.
HOLIDAY FL 34691-2520**

2. Principal Place of Business

3. Mailing Address

1394 COMMERCIAL WAY**1394 COMMERCIAL WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

4. FEI Number

59-3454551

Applied For

Not Applicable

Zip

Country

34606

Zip

Country

346065. 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

**COOMAR, SURESH P
3612 COVINGTON DR.
HOLIDAY FL 34691**

Name

SHAHIDA F LADHANI

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

1394 COMMERCIAL WAY

City

SPRING HILL**FL**

Zip Code

34606

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	COOMAR, SURESH P	
STREET ADDRESS	3612 COVINGTON DR	
CITY-ST-ZIP	HOLIDAY FL 34691	

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHIDA F LADHANI	
STREET ADDRESS	1394 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL, FL 34606	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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

01-24-00

Date

Daytime Phone #

CR2E034 (9/99)