2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 2250 SOUTH RIDGE WOOD

DOCUMENT # P9700053824

1. Entity Name

Principal Place of Business

2250 SOUTH RIDGE WOOD

N & S QUICK STOP GAS FOOD MART(S) INC

SOUTH DAYTONA FL 32119		SOUTH DAYTONA FL 32119-3071		
2. Principal Place of Business		3. Mailing Address		
Suite. Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
55.0,7,50.0,7				
City & State	ġ , , , ,	City & State		4. FEI Number 59-3460065 Applied For Not Applied be Not Applied Por
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent
KUMAR, BINOD 1213 S BEACH ST #1048 DAYTONA BEACH FL 32114				SS (P.O. Box Number is Not Acceptable) ST # 2014 TONA BEACH FL Zip Code S 2114
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 Mellam Q Grayone 41-00				
SIGNATURE Signature, typied 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 After MAY 1, 2000 Fee Make Check Payable to De			00 Fee will be \$550.0	State !
11. 6	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BINOD KUMAR 1213 S BEACH ST #1048 DAYTONA BEACH FL 32114	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEELAM SHARMA & Change Addition & Start & Addition & Addition & Start & Addition & Addi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAS NEELUM, SHARMA 1207 S BEACH ST #2014 DAYTONA BEACH FL 32114	Delete	NAME STREET ADDRESS CITY-ST-ZIP	DAYTONA BEQUI, FL 32114 VPSURINDER SHARMA BChange Addition 2834 ROUND ABOUT LAKE ORLANDO, FL: 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
13. I hereby certify that the information supplied with this filling 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 Date Daytime Phone #				

FILED

May 31, 2000 8:00 am Secretary of State

05-31-2000 90027 025 ***150.00