

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90025 041 \*\*\*150.00

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DOCUMENT # P97000079352

1. Entity Name

ALL AMERICAN PETROLEUM OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

6205 LAKE WILSON ROAD  
DAVENPORT FL 33837

6205 LAKE WILSON ROAD  
DAVENPORT FL 33837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3471887

Applied For

Not Applicable

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

PATEL, BALKRISHNA  
7809 TURKEY OAK LANE  
KISSIMMEE FL 34747

Name

Bhaskar M. Patel  
Street Address (P.O. Box Number is Not Acceptable)  
320 BOL MORN COURT

City

DAVENPORT

FL

Zip Code  
33827

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME PATEL, BALKRISHNA  
STREET ADDRESS 6205 LAKE WILSON ROAD  
CITY-ST-ZIP DAVENPORT FL 33837

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME SANGITA  
STREET ADDRESS 6205 LAKE WILSON RD  
CITY-ST-ZIP DAVENPORT FL 33837

TITLE S ☒ Delete  
NAME PATEL, VIRAAG  
STREET ADDRESS 6205 LAKE WILSON ROAD  
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4-04-2001

Date

863-420-4110

Daytime Phone #

CR2E034 (10/00)