

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
 02-21-2001 90030 044 ***150.00

000701

DOCUMENT # P97000091844

1. Entity Name
SILVER SPRINGS GAS, INC.

Principal Place of Business 1301 BEVILLE RD UNIT 19 DAYTONA BEACH FL 32119 US	Mailing Address 1301 BEVILLE RD UNIT 19 DAYTONA BEACH FL 32119 US
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2. Principal Place of Business 1301 Beville Rd	3. Mailing Address 1301 Beville Rd
Suite, Apt. #, etc. Unit 7	Suite, Apt. #, etc. Unit 7
City & State Daytona Beach FL	City & State Daytona Beach, FL
Zip 32119	Zip 32119
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MICHAEL
1301 BEVILLE RD
UNIT 19
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

Name
Michael Amendolagine

Street Address (P.O. Box Number is Not Acceptable)
1301 Beville Road Unit 7

City
Daytona

City
Daytona Beach 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 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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD AMENDOLAGINE, MICHAEL 1301 BEVILLE RD/UNIT 19 DAYTONA FL 32119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMENDOLAGINE, MARILYN 1301 BEVILLE RD/UNIT 19 DAYTONA FL 32119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OWJI, KHOSROW 1766 SENECA BLVD. WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OWJI, CAROLYN 1766 SENECA BLVD. WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amendolagine, Michael 1301 Beville Road Unit 7 Daytona, FL 32119 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Amendolagine, Marilyn 1301 Beville Road Unit 7 Daytona, FL 32119 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S T D Owji Khosrow 1766 Seneca Blvd Winter Springs, FL 32708 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Owji Carolyn 1766 Seneca Blvd Winter Springs, FL 32708 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **2/14/01** DAYTIME PHONE #: **386-322-0673**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)