FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90210 043 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009505

1. Entity Name
ULTIMATE GAS & SNACKS, INC.

90136505

Principal Place of Business	Mailing Address
730 W COLONIAL DRIVE ORLANDO, FL 32804	730 W COLONIAL DRIVE ORLANDO, FL 32804

2. Principal Place of Business	3. Mailing Address
	1495 Shelter Rock Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando, Fl
Zip / Country	Zip: 32835 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3490798 ☐ 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
OYINSAN, OLADIPO 730 W COLONIAL DRIVE ORLANDO, FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OYINSAN, OLADIPO 730 W COLONIAL DRIVE ORLANDO, FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KANSI, AZINA 730 W COLONIAL DR. ORLANDO, FL 32804	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abdul Aziz 1495 Shelter Rock Rd Orlando Fl 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 05/09/03 407 291-3942

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