AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 17 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009505

1. Entity Name
ULTIMATE GAS & SNACKS, INC.

Principal Place of Business	Mailing Address
730 W COLONIAL DRIVE ORLANDO, FL 32804	1475 SHELTER ROCK RD ORLANDO, FL 32835

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4135 W. Colonial Dr.	1495 Shelter Rock Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32808 Country: US	Zip: 32835 Country: US

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

OYINSAN, OLADIPO
730 W COLONIAL DRIVE
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name: Abdul Aziz
Street Address (P.O. Box Number is Not Acceptable): 4135 W. Colonial Dr.
City: Orlando FL Zip Code: 32808

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] Abdul Aziz July 10, 2003
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	PD Aziz, Abdul 4135 W. Colonial Dr. Orlando, FL 32808	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KANSI, AZINA 1495 SHELTER ROCK RD ORLANDO, FL 32835	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Abdul Aziz July 10, 2003 407-694-4483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JT 7/17