

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-23-2001 90691 010 ***150.00

DOCUMENT #

1. Entity Name:

P98000060665
 54th Avenue Sunshine Petro, Inc.

Principal Place of Business

Mailing Address

6201 54th Ave. N
 St. Petersburg, FL. 33709-1701018

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

59-3521099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

8153

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Joseph N. Imseis
 6201 54th Ave N
 St. Petersburg, FL 33709

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.

SIGNATURE

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

6-14-01
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!
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	P	<input type="checkbox"/> Delete
NAME	Nicolas Y. Imseis	
STREET ADDRESS	6201 54 th Ave N	
CITY-ST-ZIP	St Petersburg, FL 33709	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Joseph N. Imseis	
STREET ADDRESS	6201 54 th Ave N	
CITY-ST-ZIP	St Petersburg, FL 33709	
TITLE	TR	<input type="checkbox"/> Delete
NAME	Jamal Imseis	
STREET ADDRESS	6201 54 th Ave N	
CITY-ST-ZIP	St Petersburg, FL 33709	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME	Jack Imseis	
STREET ADDRESS	6201 54 th Ave N	
CITY-ST-ZIP	St Petersburg, FL 33709	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	Rajoni Imseis	
STREET ADDRESS	6201 54 th Ave N	
CITY-ST-ZIP	St Petersburg, FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for an 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 or changed, or on an attachment with an address, with all other like empowered.

signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: *Nicola Imseis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

Daytime Phone #

CR2E034 (9/99)