FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92184 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080602

80113119

1. Entity Name
S & S PETROLEUM OF BRANDON INC

Principal Place of Business	Mailing Address
14739 SYDNEY ROAD DOVER, FL 33527	14739 SYDNEY ROAD DOVER, FL 33527

2. Principal Place of Business	3. Mailing Address
3805 HWY 60E Suite, Apt. #, etc.	3805 HWY 60 E Suite, Apt. #, etc.
City & State: BARTOW FLORIDA	City & State: BARTOW FLORIDA
Zip: 33830 Country: POLK	Zip: 33830 Country: POLK

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3546488 ☐ 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
CHOWDHURY, MOHAMMAD 14739 SYDNEY ROAD DOVER, FL 33527	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: MOHAMMAD CHOWDHURY 4.29.2003
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILING FEE: $150.00 (Minimum Fee)
Make Checks 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHOWDHURY, MOHAMMAD	NAME	
STREET ADDRESS	~~14739 SYDNEY ROAD~~ 3805 HWY 60 E	STREET ADDRESS	
CITY-ST-ZIP	~~DOVER, FL 33527~~ BARTOW FL 33830	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E084 (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: MOHAMMAD CHOWDHURY 4.29.2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

863 533 1393