

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000083626**

1. Entity Name.

VALRICO CHEVRON, INC.

FILED

00 FEB 15 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**939 E. HIGHWAY 60
BRANDON, FL 33511**

Mailing Address

**939 E. HIGHWAY 60
BRANDON, FL 33511**

2. Principal Place of Business

939 E. HIGHWAY 60

3. Mailing Address

939 E. HIGHWAY 60

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRANDON, FL

City & State

BRANDON, FL

4. FEI Number

59-3544918

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KEITH, W.C.
1722 STAYSAIL DRIVE
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name **AMEER LAKHANI**

Street Address (P.O. Box Number is Not Acceptable)

2092 SWAN LANE

City **PALM HARBOR**

FL

Zip Code **34683**

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

AMEER LAKHANI, President

1-18-2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 **KEITH, W.C. (DIR.)** ☒ Delete
NAME
STREET ADDRESS **1722 STAYSAIL DRIVE**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **AMEER LAKHANI**
STREET ADDRESS **2092 SWAN LN, PALM HARBOR, FL 34683**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SOFA LAKHANI**
STREET ADDRESS **2092 SWAN LN, PALM HARBOR, FL 34683**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **NADEEM LAKHANI**
STREET ADDRESS **2092 SWAN LN, PALM HARBOR, FL 34683**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **500003146305--7**
STREET ADDRESS **-02/24/00--01058--U11**
CITY-ST-ZIP ******308.75 ****308.75**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

AMEER LAKHANI

1-18-00

727-365-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)