2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105653

1. Entity Name

SOUTH VENICE FUEL SALES, INC.

Mailing Address Principal Place of Business 1040 SOUTH TAMIAMI TRAIL 1848 SOUTH TAMIAMI TRAIL VENICE FL 34293-3136 VEINIGE FL 34293 3. Mailing Address 2. Principal Place of Business 54. W. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90113 001 *1,350.00

10660

Applied For



DO NOT WRITE IN THIS SPACE

City & State City & State SAADENT Zip Country Zip 34207			BALLENTON FL				4. FEI Number 65-0882934					ot Applicable
			Zip	Country MANATEE								.75 Additional
		7. Name and Address of New Registered Agent										
PERRON, ANDRE R ESQ. OZARK & PERRON, P.A. 2808 MANATEE AVENUE WEST BRADENTON FL 34205					Name Street Address (P.O. Box Number is Not Acceptable)							
					City					FL	Zıp Codi	e
. The above	named entity submits this stateme	ent for the	e purpose of changing i	ts registere	d office or regis	stered age	nt, or bo	th, in the	State of Flor	ida.	<u> </u>	
SIGNATURE .	Signature, typed or printed name of registered	agent and t	itle if applicable. (NO	OTE. Registered	d Agent signature requ	uired when rein	nstating)			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 \$150.0 After MAY 1, 2000 Fee will be \$5 Make Check Payable to Department						npaign Fina Contribution	ncing		May Be to Fees
1.	OFFICERS	AND DIF	RECTORS	12.		ADD	DITIONS	/CHANGE	S TO OFFIC	CERS AND	DIRECTOR	S IN 11
ITLE IAME ITREET ADORESS ITY-ST-ZIP	PT BEGLEY, ANTHONY 6415 FORRESTER DR BRADENTON FL 34209		☐ Delete		ET ADDRESS	ADEA	آ ره ۲	FL	3420	· a	Change	☐ Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BEGLEY, FRED P 1811 78TH ST W BRADENTON FL 34209		☐ Delete		:	···	·				Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		,	☐ Delete								Change	☐ Addition
TLE AME TREET ADORESS TY-ST-ZIP			□ Delete				_				☐ Change	Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Delete		1						☐ Change	☐ Addition
VITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			-					Change	Addition
13. Thereby o	L certify that the information supplied on this report or supplemental rep	d with thi	s filing does not qualify e and accurate and tha	for the exer	nption stated in ure shall have the	Section 1 he same le	19.07(3) egal effe	(i), Florida	Statutes. I	further cer ath; that I a	tify that the in	nformation 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.