

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 99000043454

1. Entity Name  
KWIK STOP SAAD INVESTMENT, INC.

**99000043454**

Principal Place of Business  
934 E. HENDERSON AVE. SAME  
TAMPA, FL 33605

**FILED**  
00 OCT 13 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

9/22/00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3561037

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD P. CONDON  
5613 E. 127th AVE. #B  
TAMPA, FL 33617

Name  
SAAD SAAD

Street Address (P.O. Box Number is Not Acceptable)  
934 E. HENDERSON AVE.

City  
TAMPA

FL

Zip Code  
33605

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 \* *Richard Condon*

(NOTE: Registered Agent signature required when reinstating)

DATE

10/7/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME SAAD O. SAAD  Delete  
STREET ADDRESS President  
CITY-ST-ZIP 934 E. HENDERSON AVE.  
TAMPA, FL 33605

TITLE NAME  Change  Addition  
STREET ADDRESS 900003436419--1  
CITY-ST-ZIP -10/24/00--01037--005  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
**REINSTATEMENT 2000**  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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: *Richard Condon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/00  
Date

(813) 899-9642  
Daytime Phone #

CR2E034 (9/99)