

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90202 025 ***150.00

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DOCUMENT # P99000061633

1. Entity Name
S.P. GAS FOOD INC



Principal Place of Business
**1248 WELLS AVE
TAVARES FL 32778-9127**

Mailing Address
**1248 WELLS AVE
TAVARES FL 32778-9127**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-3601016** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KUMAR, BINOD
1545STORMWAY CT
APOPKA FL 32712**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	KUMAR, BINOD
STREET ADDRESS	1248 WELLS AVE
CITY-ST-ZIP	TAVARES FL 32778-4127
TITLE	VP <input type="checkbox"/> Delete
NAME	KUMAR, SUSHMA
STREET ADDRESS	1248 WELLS AVE
CITY-ST-ZIP	TAVARES FL 32778-4127
TITLE	T <input type="checkbox"/> Delete
NAME	KUMAR, SUKET
STREET ADDRESS	1248 WELLS AVE
CITY-ST-ZIP	TAVARES FL 32778
TITLE	S <input type="checkbox"/> Delete
NAME	KUMAR, PRAR T
STREET ADDRESS	1248 WELLS AVE
CITY-ST-ZIP	TAVARES FL 32778
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  **SIGNATURE REQUIRED** **03/10/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)