2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068295

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90010 008 ***150.00

1. Entity Name

HIGH SPEED PETROLEUM, INC.

Principal Place of Business	Mailing Address
2 SPRING MEADOWS DR ORMOND BEACH FL 32174	2 SPRING MEADOWS DR ORMOND BEACH FL 32174-5963

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3589939 ☐ 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
DESAI, MANISH D 2 SPRING MEADOWS DR ORMOND BEACH FL 32174	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.

SIGNATURE _____
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	PTD ☒ Change ☐ Addition
NAME	DESAI, HEMANT R	NAME	DESAI HEMANT R.
STREET ADDRESS	2 SPRING MEADOWS DR.	STREET ADDRESS	2 Spring Meadows Dr.
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	Ormond Beach FL 32174
TITLE	VTD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	RAWAL, BALMUKUND D	NAME	
STREET ADDRESS	411 W. WILLIAM DR.	STREET ADDRESS	
CITY-ST-ZIP	SYLACAUGA AL 35150	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	VPS.D ☒ Change ☐ Addition
NAME	DESAI, MANISH D	NAME	DESAI MANISH D.
STREET ADDRESS	2 SPRING MEADOWS DR.	STREET ADDRESS	2 Spring Meadows Dr.
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	Ormond Beach FL 32174
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
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: SIGNATURE RECEIVED 4-12-00 904-274-0079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #