

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078394

1. Entity Name

OMAR TEXACO, INC.

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

05-22-2000 90012 013 ***150.00

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 595 AVE. K S E WINTER HAVEN FL 33880 | 595 AVE. K S E WINTER HAVEN FL 33880-4201 |

| | |
|---|-------------------------------------|
| 2. Principal Place of Business SAME AS ABOVE | 3. Mailing Address SAME AS ABOVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|---|---|
| 4. FEI Number 59-3595489 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

| |
|---|
| 6. Name and Address of Current Registered Agent |
| OMAR, ASHRAF 595 AVE. K S E WINTER HAVEN FL 33880 |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name ASHRAF OMAR | |
| 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 _____

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------------------|------|--------------|--|----------------|----------------|--|-------------|-----------------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>OMAR, ASHRAF</td><td></td></tr><tr><td>STREET ADDRESS</td><td>595 AVE. K S E</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WINTER HAVEN FL 33880</td><td></td></tr></table> | TITLE | P | <input type="checkbox"/> Delete | NAME | OMAR, ASHRAF | | STREET ADDRESS | 595 AVE. K S E | | CITY-ST-ZIP | WINTER HAVEN FL 33880 | | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ASHRAF OMAR **4-29-00** **941-294-4824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)