

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085526

1. Entity Name

PANNA PETROLEUM INC

Principal Place of Business

1603 SYDNEY ROAD  
DOVER FL 33527

Mailing Address

1603 SYDNEY ROAD  
DOVER FL 33527

2. Principal Place of Business

2727 THORNHILL RD

Suite, Apt. #, etc.

3. Mailing Address

2727 THORNHILL RD

Suite, Apt. #, etc.

City & State

AVBURN DAL

City & State

AVBURN DAL

4. FEI Number

59-360-8686

Applied For

Not Applicable

Zip

33823

Country

POLK

Zip

33823

Country

POLK

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHOWDHURY, MOHAMMED S  
1603 SYDNEY ROAD  
DOVER FL 33527

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.

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

TITLE D  
NAME CHOWDHURY, MOHAMMED S  
STREET ADDRESS 1603 SYDNEY ROAD  
CITY-ST-ZIP DOVER FL 33527

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 17, 2000 8:00 am  
Secretary of State

07-17-2000 90077 034 \*\*\*550.00

03-01-2000 90050 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)