- 2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State DOCUMENT # P99000086847 1. Entity Name 05-13-2002 90166 002 ***150.00 GULF COAST PETROLEUM, INC. Principal Place of Business Mailing Address ひひひせひり 3614 CLEVELAND AVE. C/O ROBERT D. ROYSTON, JR. FORT MYERS FL 33901 P.O DRAWER 60205 FORT MYERS FL 33906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0951710 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent ROYSTON, ROBERT D JR. Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS FL 33907 Zip Code FL 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, typed or printed name of ragistered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE After May 1, 2002 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PATWARY, MOHAMMED M NAME STREET ADDRESS 13651 INDIAN POINT LANE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME CHOWDHURY, SHOWKAT A NAME STREET ADDRESS 2736 HIDDEN LAKES BLVD #B STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34237 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RAHMAN, MOHAMMAD G NAME STREET ADDRESS 9521 BOCA COVE CIRCLE APT 506 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33426** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME AHMAD, MONSUR UDDIN STREET ADDRESS 965 MOON LAKE DR STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TIFLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

13. I hereby certify that the information supplied with this filling 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

4/26/07/

FILED