

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097612

1. Entity Name

SAN OIL COMPANY

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90007 017 ***150.00

Principal Place of Business

3971 S.W. 8TH STREET
SUITE #206
MIAMI FL 33134

Mailing Address

3971 S.W. 8TH STREET
SUITE #206
MIAMI FL 33134-2950

2. Principal Place of Business

4600 West King Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Zip

33926

Country

USA

Country

4. FEI Number

65-0960353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANDY, JOSEPH
3971 S.W. 8TH STREET
SUITE #206
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

Joseph P CHANDY

Street Address (P.O. Box Number is Not Acceptable)

4600 West King Street

City

Cocoa, FL

FL

Zip Code

33926

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

Joseph P Chandy

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHANDY, JOSEPH	
STREET ADDRESS	3971 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDY, JOSEPH P	
STREET ADDRESS	4600 West King Street	
CITY-ST-ZIP	Cocoa, FL 33926	
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		

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: *Joseph P Chandy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 637-0071

CR2E034 (9/99)