

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90042 025 ***168.75

DOCUMENT # **P99000097612**

1. Entity Name

SAN OIL COMPANY

Principal Place of Business

Mailing Address

SAN OIL COMPANY
4600 W. KING STREET
COCOA, FL 32926

A0024926

2. Principal Place of Business

3. Mailing Address

SAN OIL COMPANY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4600 W. KING STREET **4600 W. KING STREET**

COCOA, FL 32926

ROCKLEDGE, FL

4. FEI Number

650960353

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32926

BREWARD

32926

USA

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

JOSEPH CHANDY
88509 N. AVERS
SKOKIE, IL 60076

Name

SAJI MATHIEW

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

835 LEVITT PARKWAY

City

ROCKLEDGE

FL

Zip Code

32955

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

Saji Mathew

SAJI MATHIEW PRESIDENT

2-11-01

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, 2001 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 ☒ Delete
NAME **JOSEPH CHANDY**
STREET ADDRESS **8509 N. AVERS**
CITY-ST-ZIP **SKOKIE IL 60076**

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
NAME **SAJI MATHIEW**
STREET ADDRESS **835 LEVITT PKWY**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
NAME **Jamon Rose**
STREET ADDRESS **835 Levitt Pkwy.**
CITY-ST-ZIP **Rockledge FL 32955**

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **JOSEPH ONNISERIL**
STREET ADDRESS **730 Pine Island Dr.**
CITY-ST-ZIP **Melbourne FL 32940**

TITLE ☐ Change ☐ Addition
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **N/A**
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:

Saji Mathew

SAJI MATHIEW PRESIDENT

Date

Daytime Phone #

2/11/01

(321) 637-0071

CR2E034 (11/00)