

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26867

1. Entity Name

DELTA OIL CO., INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90238 006 ***150.00

Principal Place of Business

Mailing Address

9702 E MLK BLVD
TAMPA FL 33610
US

9806 MAKO CT
TAMPA FL 33550-1837
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9702 E MLK BLVD

TAMPA FL

33610

US

4. FEI Number 59-3045548

Applied For

Not Applicable

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

CHAUDHRY, OMAR T
9806 MAKO CT
TAMPA FL 33615

Name

OMAR CHAUDHRY

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

9702 E MLK BLVD

City

TAMPA

FL

Zip Code

33610

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CHAUDHRY, OMAR T
STREET ADDRESS 9806 MAKO CT
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE P
NAME OMAR CHAUDHRY
STREET ADDRESS 9702 E MLK BLVD
CITY-ST-ZIP TAMPA FL 33610 ☒ Change ☐ Addition

TITLE VP
NAME CHAUDHRY, IQBAL T
STREET ADDRESS 7911 SHOREBLUFF CT
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MOHAMMAD TARIQ CHAUDHRY
STREET ADDRESS 9806 MAKO CT
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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 #

4/14/00 813-664-1415

CR2E034 (9/99)