

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90185 041 ***150.00

DOCUMENT # S26867

1. Entity Name
DELTA OIL CO., INC.

Principal Place of Business

**9702 E MLK BLVD
TAMPA FL 33610
US**

Mailing Address

**1444 E FLETCHER AVE
TAMPA FL 33612
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1444 E FLETCHER
AVE**

TAMPA FL

33612 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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

**CHAUDHRY, OMAR
9702 E MLK BLVD
TAMPA FL 33610**

7. Name and Address of New Registered Agent

Name **OMAR T. CHAUDHRY**

Street Address (P.O. Box Number is Not Acceptable)
1444 E FLETCHER AVE

City **TAMPA** FL Zip Code **33612**

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 (NOTE: Registered Agent signature required when reinstating)

DATE **4/19/02**

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, 2002 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 **P** ☐ Delete
NAME **CHAUDHRY, OMAR**
STREET ADDRESS **9702 MLK BLVD**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **VP** ☐ Delete
NAME **CHAUDHRY, IQBAL T**
STREET ADDRESS **823 BAYOU VIEW**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **D** ☐ Delete
NAME **MOHAMMAD-TARIQ CHAUDHRY**
STREET ADDRESS **10310 COUNCIL WAY**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **OMAR TARIQ CHAUDHRY**
STREET ADDRESS **10304 COUNCILS WAY**
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE ☐ Change ☒ Addition
NAME **USMAN TARIQ CHAUDHRY**
STREET ADDRESS **10353 COUNCILS WAY**
CITY-ST-ZIP **TAMPA FL 33617**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OMAR T CHAUDHRY

Date

4/19/02 813-503-4282

Daytime Phone #

CP2E034 (9/01)