

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90204 005 ***150.00

DOCUMENT # P00000028193

1. Entity Name

JAY BHOLA ASSOCIATES INC.

Principal Place of Business

4919 SE MARINER VILLAGE LANE
STUART FL 34997

Mailing Address

4919 SE MARINER VILLAGE LANE
STUART FL 34997

2. Principal Place of Business

SHELL

3. Mailing Address

SHELL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1502, W. King St.

1502, W. King St.

City & State

City & State

Cocoa FL

Cocoa FL

Zip

Country

Zip

Country

32926

Brevard

32926

Brevard

6. Name and Address of Current Registered Agent

PATEL, PRAHLADBAHI

4919 SE MARINER VILLAGE LANE
STUART FL 34997

7. Name and Address of New Registered Agent

Name

PATEL PRAHALAD BHAT

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

1502, W. King St.

Cocoa

City

Cocoa

FL

Zip Code

32926

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS PATEL, PRAHLADBAHI
CITY-ST-ZIP 4919 SE MARINER VILLAGE LANE
STUART FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

TITLE ☐ Change ☐ Addition
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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]

PRAHALAD BHAT

4/16/01

3214331616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)