

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-05-2002 90146 043 ***150.00

DOCUMENT # P01000001599

1. Entity Name
GOPI OF FLORIDA, INC.

Principal Place of Business 4425 BUCHTON RD OCALA FL 34482	Mailing Address 4425 BUCHTON RD OCALA FL 34482
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DO NOT WRITE IN THIS SPACE
59-3701331

4. FEI Number **APPLIED FOR** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

PATEL, ATUL
4097 ALESBURY DRIVE
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL VIJAY PATEZ VIJAY 10823 WAHINE DRIVE N JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			President PATEL VIJAY 10823 N WAHINE DR. JACKSONVILLE FL 32246
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Secretary Bhadra MOTIWALA 8019 Sable Creek DR. JACKSONVILLE FL 32244
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Vice President ATUL D. Patel 4097 Alesbury Dr Jacksonville FL 32224
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Vice President VISPY KAPADIA 1197 Bentley RD # AP#2 LEESBURG FL 34748
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Secy Mehar Nose Nobles 1197 Bentley Ap #3 LEESBURG FL 34748
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **01/16/02 352-351-3464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)