

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90945 010 \*\*\*150.00

0942986 AT

**DOCUMENT # P02000033321**



1. Entity Name  
**SHIV CONVENIENCE STORE INC.**

Principal Place of Business  
**287 MARION OAK LANE  
OCALA FL 34473-2803**

Mailing Address  
**287 MARION OAK LANE  
OCALA FL 34473-2803**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**8665 S MAGNOLIA AVE**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**OCALA, FL**

City & State

4. FEI Number  
**01-0640894**

Applied For  
Not Applicable

Zip  
**34476** Country

Zip Country

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

**PATEL, BHOGILAL S  
287 MARION OAK LANE  
OCALA FL 34473-2803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE B.S. Patel

4/4/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST PATEL, BHOGILAL S 287 MARION OAK LANE OCALA FL 34473-2803</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B.S. Patel **SIGNATURE REQUIRED**

4/4/03

Date

Daytime Phone #

352-873-2746

CR2E034 (10/02)