

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90006 006 ***150.00

0002534 AV

DOCUMENT # P99000000113

1. Entity Name
SHLOK, INC.

Principal Place of Business
**1531 MONUMENT RD.
 SUITE 21
 JACKSONVILLE FL 32225**

Mailing Address
**4141 PHILIPS HIGHWAY
 JACKSONVILLE FL 32207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3549458**

Applied For
 Not Applicable

Zip 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, DINESH
 4141 PHILIPS HWY
 JACKSONVILLE FL 32207**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	PATEL, DINESH	
STREET ADDRESS	4141 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, VIJAY	
STREET ADDRESS	4141 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOTIWALA, BHADRESH	
STREET ADDRESS	8019 SABLE CREEK DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED *Dinesh Patel* **President** Date: **7/6/01**

CR2E034 (5/01)

Attachment
of 09/01/01/13
ADU 7/15

July 13, 2001

TO: Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

FROM: Shlok, Inc.
4141 Philips Hwy.
Jacksonville, FL 32207
(904) 737-3200

Dear Sir or Madam:

Normally we were getting the renewal notice in January of each year. This year, however, we did not receive any notice prior to this one. If you review my previous years records, my payment is always on time before May 1st of each year. I hope you will accept this renewal check for \$150.00 and renew the corporation for 2001 - 2002.

Sincerely,

Dinesh T Patel

Dinesh T. Patel
President
Shlok, Inc.