## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000047274** 1. Entity Name KM OF JACKSONVILLE, INC. 03-15-2000 90020 018 \*\*\*150.00 Principal Place of Business Mailing Address 1523 CESERY TERR. 1523 CESERY TERR. JACKSONVILLE FL 32211 JACKSONVILLE FL 32211-5433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 59-3577076 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, RASIKLAL K Street Address (P.O. Box Number is Not Acceptable) 1523 CESERY TERR. JACKSONVILLE FL 32211 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition PRESIDENT TITLE TITLE ☐ Delete RASIKLAL K. PATEC NAME NAME STREET ADDRESS 1523 CESCRY TEAR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TACKSONVILLE PL VICE-PRESIDENT Addition ☐ Delete TITLE Change AMITKUMAR PATEC NAME I-7 EAST GARDEN APT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAY. T.N.J\_088.0 TREASURGA - Change Addition TITLE ☐ Delete VIPUL PATEL NAME \$ 490 WINDY HILL RD. APT 712 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SMYRNA GA 30082 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-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

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