

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/25/21

FILED
Apr 14, 2004 8:00 am
Secretary of State

03-25-2004 90018 041 ***150.00

DOCUMENT # P03000007999 1. Entity Name PATIDAR FOOD & FUEL INC						
Principal Place of Business 12870 N.E. JACKSONVILLE ROAD SPARR FL 32111 US			Mailing Address 8016 S.W. 62 CT. OCALA FL 34476 US			
2. Principal Place of Business 9800 NW Gainesville Rd			3. Mailing Address 			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State OCALA, FL			City & State			
Zip 34482		Country MAJION		Zip		
Country		4. FEI Number 42-157-5276				
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent PATIDAR, BELA S 8016 S.W. 62 CT. OCALA FL 34476				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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME PATIDAR, BELA S		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8016 S.W. 62 CT.	CITY-ST-ZIP OCALA FL 34476			STREET ADDRESS 	CITY-ST-ZIP	
TITLE VP	NAME PATIDAR, RASHMI BEN S		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8016 S.W. 62 CT	CITY-ST-ZIP OCALA FL 34476			STREET ADDRESS 	CITY-ST-ZIP	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP	
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: Bela S. Patidar Bela S. Patidar 03/23/04 352-237-8783 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

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MOORE CR2E034 (11/03)