

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000037560

**Entity Name:** NAS, INC.

**Current Principal Place of Business:**

1530 WEST WASHINGTON STREET  
MONTICELLO, FL 32344

**Current Mailing Address:**

15375 US 19 SOUTH  
THOMASVILLE, FL 31792 US

**FEI Number:** 59-3249184

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATEL, SITARAM  
15375 US 19 SOUTH  
THOMASVILLE, FL 31792 US

*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:** SITARAM PATEL

03/27/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name PATEL, S.L  
Address 1530 WEST WASHINGTON STREET  
City-State-Zip: MONTICELLO FL 32344

Title DS  
Name PATEL, MADHUBEN S  
Address 1530 WEST WASHINGTON STREET  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name PATEL, S. L  
Address 1530 WEST WASHINGTON STREET  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name PATEL, MADHUBEN S  
Address 1530 WEST WASHINGTON STREET  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name PATEL, BINDESH  
Address 1530 WEST WASHINGTON STREET  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name PATEL, SAJEL  
Address 1530 WEST WASHINGTON STREET  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name PATEL, SITARAM  
Address 15375 US 19 SOUTH  
City-State-Zip: THOMASVILLE FL 31792

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAJEL PATEL

**SECRETARY**

03/27/2020

Electronic Signature of Signing Officer/Director Detail

Date