

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

02-20-2003 90125 037 ***158.75

DOCUMENT # F01000003948

1. Entity Name
BRASS & GIFTS WHAREHOUSE, INC.



Principal Place of Business
**2875 NORTH BERKLEY LK RD NW
#10
DULUTH GA 30096**

Mailing Address
**2875 NORTH BERKLEY LK RD NW
#10
DULUTH GA 30096**



2. Principal Place of Business **ADD-2 HOME** 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9501 Arlington Expressway #880

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32225

4. FEI Number **58-2146929**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSHI, SHREYAS
9501 ARLINGTON EXPRESWAY #880
JACKSONVILLE FL 32225**

Name ~~NAVAL BANSAI~~ **NAVAL BANSAI**

Street Address (P.O. Box Number is Not Acceptable) ~~2245 BARKMAN BL~~ **same**

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 ☒

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 **P**
NAME **BANSAL, NAVAL** ☐ Delete
STREET ADDRESS **2875 N BERKELEY LAKE RD NW #10**
CITY-ST-ZIP **DULUTH GA**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **NARSHIMAN, NARSI** ☐ Delete
STREET ADDRESS **2875 N BERKELEY LAKE RD NW #10**
CITY-ST-ZIP **DULUTH GA**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
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TITLE
NAME ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE: ☒

SIGNATURE REQUIRED

(NAVAL BANSAI) 02/28/03

770-84-7701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)