

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90028 019 \*\*\*150.00

**DOCUMENT # F58516**

1. Entity Name  
**SUSHILA, INC.**

Principal Place of Business  
**COMMERCE BLVD US90 4 175**  
**PO BOX 2156**  
**LAKE CITY FL 32056**

Mailing Address  
**COMMERCE BLVD US90 4 175**  
**PO BOX 2156**  
**LAKE CITY FL 32056**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4570 Commerce Blvd**

3. Mailing Address  
**4570 Commerce Blvd**

Suite, Apt. #, etc.  
**LAKE CITY, FL**

Suite, Apt. #, etc.

City & State  
**LAKE CITY, FL**

City & State  
**LAKE CITY, FL**

4. FEI Number  
**59-2143833**

Applied For  
 Not Applicable

Zip  
**32025**

Country  
**USA**

Zip  
**FL**

Country  
**USA**

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

**CROUCH (T. ALLEN)**  
**113 NORTHEAST-16TH AVENUE**  
**GAINESVILLE FL 32601**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, NALIN R 720 S LAKE PRAZOS DR WACO TX 76704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, SURYAKANT R 3255 SE 55TH CT OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATEL, INDU P 15311 KWANZAN CT NORTH POTOMAE MD 20878	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, ANIL D 3455 SE 58TH AVE OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sushila **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-02 312 624 9530

Date

Daytime Phone #

CR2E034 (9/01)