

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90033 015 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000006764

1. Entity Name

SHI, INC.

Principal Place of Business

619 NORTH RIDGEWOOD AVENUE
 DAYTONA BEACH FL 32114

Mailing Address

2020 APALACHEE PKWY
 TALLAHASSEE FL 32301-4818

2. Principal Place of Business

2020 APALACHEE PKWY

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

4. FEI Number

59-3236665

Applied For

Not Applicable

Zip

32301

Country

LEON

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PATEL, KANTILAL B
 2020 APALACHEE PKWY
 TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

TITLE PV ☐ Delete
 NAME PATEL, RAKESHK
 STREET ADDRESS 2020 APALACHEE PKWY
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE S ☐ Delete
 NAME PATEL, JASHU K
 STREET ADDRESS 619 NORTH RIDGEWOOD AVENUE
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 431 TANBARK PLACE
 CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 431 TANBARK PLACE
 CITY-ST-ZIP TALLAHASSEE, FL 32301

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

Daytime Phone #

CR2E034 (9/99)