

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006348

1. Entity Name

SMITA MANAGEMENT CORPORATION

Principal Place of Business

5601 SOUND BLUFF ROAD  
OCEAN SPRINGS MS 39564

Mailing Address

5601 SOUND BLUFF ROAD  
OCEAN SPRINGS MS 39564-7953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-0886018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BODIN, DON  
1290 NORTH PALM AVENUE  
SARASOTA FL 34236

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PCD  
SANGANI, SMITA B  
5601 SOUND BLUFF ROAD  
OCEAN SPRINGS MS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

ST  
SANGANI, BHARAT H  
5601 SOUND BLUFF ROAD  
OCEAN SPRINGS MS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

V/B  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P/S/T/D/C ☒ Change ☐ Addition

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

✓  
Joan Elizabeth Lund  
1528 E. Beach Blvd. - Ste. A  
Gulfport, MS 39501

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

✓  
cfo  
Monica Mathari  
1528 E. Beach Blvd. - Ste. A  
Gulfport, MS 39501

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bharat H. Sangani

Date

Daytime Phone #

4/25/00 228-864-9888

FILED  
Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90092 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE