## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## H95067 **DOCUMENT #**

1. Entity Name KRUPA INC.



## Apr 01, 2003 8:00 am Secretary of State 04-01-2003 90044 029 \*\*\*150.00 **FILED**

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	Principal Place of Business  4448 MOBILE HIGHWAY  PENSACOLA FL 32506  CANTONMENT FL 32533  2. Principal Place of Business  3. Mailing Address								
City & State  Country  Street Address of Name and Address of New Registered Agent  Fee Required  Street Address (PO. Box Number is Not Acceptable)  File  City  FL  Zip Code  8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent.  Signature  File Now!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  PATEL, YASHVANT A.  4448 MOBILE HIGHWAY  PENSACOLA FL  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  Additional Fee Required  \$\$5.00 May Be Additional Fee Required  \$\$5.00 May Be Additional Fee Required  \$\$5.00 May Be Additional Fee Required  Additional Fee Required  \$\$5.00 May Be Additional Fee Required  \$\$5.00 May Be Additional Fee Required  \$\$5.00 May Be Additional Fee Required  Additional Fee Re	Suite, Apt. #, etc.	Sui	Suite Ant # etc			_			
Zip Country Zip Country 5. Certificate of Status Desired Des	· 		Conto, right #, ord.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name PATEL, YASHVANT A.  4448 MOBILE HIGHWAY PENSACOLA FL 32506  City  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 Title NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA FL  D Delete NAME STREET ADDRESS CITY-ST-ZIP PATEL, YASHVANT A.  4448 MOBILE HIGHWAY PENSACOLA FL  D Delete NAME STREET ADDRESS CITY-ST-ZIP CANTONMENT FL  Change Additional Change Additional Control Control Change Additional Control Control Change Additional Change Additional Control Control Change Additional	City & State	City	City & State		4.	99-2623698 H			
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PATEL, YASHVANT A. 4448 MOBILE HIGHWAY PENSACOLA FL 32506  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 lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hyped or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstaining)  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PATEL, YASHVANT A.  STREET ADDRESS CITY-ST-ZIP PENSACOLA FL  TITLE D Delete TITLE D Delete STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME AG31 STEFANI ROAD CANTONMENT FL  TITLE NAME TITLE TIT	6. Name s	ne and Address of Current Register	red Agent		7.		<del></del>		
Street Address (P.O. Box Number is Not Acceptable)  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. I am familiar with, and acceptable to explain the obligations of registered agent.  SIGNATURE  Signature, typinal or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when remataing)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  PATEL, YASHVANT A.  4448 MOBILE HIGHWAY  PENSACOLA FL  TITLE  D  PATEL, CHAMPAK M.  SIREET ADDRESS  CITY-ST-ZIP  CANTONMENT FL  CHange  Additional Carry and the printing agent and title if applicable.  ITILE  NAME  NAME  CITY-ST-ZIP  NAME  NAME  NAME  NAME  AGAIL  TITLE  NAME  NA				_ Name	Name				
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TITLE NAME NAME 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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				☐ Addition	

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 all other like empowered.

**SIGNATURE:** 

3128103