2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State
04-05-2000 90117 019 ***150.00

DOCUMENT # J31300

1. Entity Name

KALLI SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
~~17623 N US HWY 301~~ 17685 No. US Hwy 301 ~~SUITE 101~~ CITRA FL 32133 US	~~17623 N US HWY 301~~ 17685 No. US Hwy 301 CITRA, FL 321 ~~SUITE 101~~ CITRA FL 32113 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17685 No. US Hwy 301	17685 No. US Hwy 301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CITRA, FL 32113-2458	CITRA, FL
City & State	City & State 32113-2458
Zip / Country USA	Zip / Country USA

4. FEI Number 59-2725479 ☐ Applied For ☐ Not Applicable

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
MAHARAJ, CHANDREKA K ~~17623 N US HWY 301~~ 17685 No. US Hwy 301 CITRA FL 32113 CITRA, FL 32113	Name SAME Street Address (P.O. Box Number is Not Acceptable) 17685 No. US Hwy 301 City CITRA, FL **FL** Zip Code 32113

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAHARAJ, CHANDREKA KALLICHARAN ~~17623 N US HWY 301~~ CITRA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 17685 N. US Hwy 301 CITRA, FL 32113-2458
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHARAJ, CHANDRA ~~17623 N US HWY 301~~ CITRA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 17685 No. US Hwy 301 CITRA, FL 32113-2458
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NUGENT, BRIAN K 17646 NE 22ND COURT CITRA FL 32113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] R. C. K. MAHARAJ — 4/2/00 — 595-2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #