2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 31, 2000 8:00 am DOCUMENT # **J69168** 1. Entity Name Secretary of State LAKE PAGE, INC. 03-31-2000 90085 026 ***158.75 Mailing Address Principal Place of Business % RAJNIKANT N. PATEL % RAJNIKANT N. PATEL 1317 SOUTH ORANGE BLOSSOM TRAIL 1317 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703 APOPKA FL 32703-7605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2815957 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATEL RAJNIKANT N. Street Address (P.O. Box Number is Not Acceptable) 1317 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition D ☐ Delete TITLE TITLE PATEL, RAJNIKANT N. NAME NAME STREET ADDRESS 1317 SO ORANGE BLOSSOM TR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL Delete Change Addition TITLE PATEL, KUMUD R. NAME STREET ADDRESS STREET ADDRESS 1317 SO ORANGE BLOSSOM TR CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ☐ Change Addition . Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 repeiver 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.