

2003 UNIFORM BUSINESS REPORT (UBR)

172

DOCUMENT # L02 0000 30345

1. Entity Name

SHREE GEE, LLC

FILED

2003 NOV 10 AM 9:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

600 River Birch Ct # 1126
Clermont, FL 34711

Mailing Address

600 River Birch Ct # 1126
Clermont, FL 34711

2. Principal Place of Business

5003 OLD WINTER GARDEN RD
Suite, Apt. #, etc. RD

3. Mailing Address

5003 OLD WINTER GARDEN RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL
Zip 32811 Country

City & State

ORLANDO FL
Zip 32811 Country

4. FEI Number

46-0506845

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Kenneth B. Thomson
101 Southhall Lane # 400
Maitland FL 32757

7. Name and Address of New Registered Agent

Name PATEL PRAVIN C.
Street Address (P.O. Box Number is Not Acceptable)
5003 OLD WINTER GARDEN RD
City ORLANDO FL Zip Code 32811

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/29/03

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	MGRM PATEL PRAVIN C. 600 River Birch Ct # 1126 Clermont FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL PRAVIN C. 5003 OLD WINTER GARDEN RD ORLANDO FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300024526513 11/10/03--01001--005 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

407-522-8900

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By Certified Mail

SHRE GEE, LLC
5003 OLD WINTER GARDEN RD
ORLANDO, FL 32811

October 29, 2003

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee Fl 32314

FILED
2003 NOV 10 AM 9:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Ref:- Document #L02000030345
EIN:-46-0506845
Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned PATEL PRAVIN C. Managing Member of SHREE GEE, LLC would like to request you to reinstatement & waive the penalty for non-payment of Annual Filing Fees for 2003 on the following grounds.

I never received the Annual Filing Form for 2003, may be lost in the mail and/or delivered back to you, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2003 as I did not received the Filing Form for the year 2003. I made a mistake due to lack of knowledge and information & unavoidable circmstances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$50.00 being an annaul filing fee for 2003 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.
Sincerely,


(PATEL PRAVIN C.)

encl:- as above Ck of \$50