

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13378

1. Entity Name

MANAG PROFESSIONAL PARK, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91344 042 ****61.25

Principal Place of Business

150 S.E. 17TH ST. #400
OCALA FL 34471
US

Mailing Address

150 S.E. 17TH ST. #400
OCALA FL 34471
US

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

59-2852636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NAGDA, HARSHADA R.
439 SW 48TH ST RD
OCALA FL 34474

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

Harshada R. Nagda President

4/27/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME NAGDA, HARSHADA
STREET ADDRESS 439 SW 48TH ST. RD.
CITY-ST-ZIP Ocala FL

TITLE D ☐ Delete
NAME NAGADA, RASIK
STREET ADDRESS 439 SW 48TH ST. RD.
CITY-ST-ZIP Ocala FL 34474

TITLE D ☐ Delete
NAME LEWIN, PAMELA DR
STREET ADDRESS 150 S.E. 17 STREET
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 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 617, 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:

Harshada R. Nagda

4/27/01 (352) 622-9226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)