2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 09, 2002 8:00 am Secretary of State P0000002945 DOCUMENT # 1. Entity Name J & S ENTERPRISES OF GAINESVILLE, INC. 07-09-2002 90375 021 ***150.00 Principal Place of Business Mailing Address 8800 SR 21 4442 NW 36 TERRACE MELROSE FL 32666 GAINESVILLE FL 32605 B0127730 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3615851 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, SHIRISHBHAI G Street Address (P.O. Box Number is Not Acceptable) 4442 NW 36 TERRACE **GAINESVILLE FL 32605** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE" ☐ Defete TITLE Change ☐ Addition PATEL, SHIRISHBHAI G NAME NAME 4442 N W 36TH TERRACE STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32605** CITY-ST-ZIP CITY-ST-ZIP VP Delete TITLE ☐ Addition ☐ Change PATEL, JYOTIKA S NAME STREET ADDRESS 4442 N W 36TH TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PATEL, NIKUR S NAME STREET ADDRESS 4442 N W 36TH TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

Attachment # P0000 0002945 Brianso

Dear Six
Please note that we did not receive
your previous notice hence we are
filing this return late. We hereby Sincerely
request you to weive additional changes
and hope that you aill do so in the matter.
Kindly excuse us for any inconvenience this
may have caused,
Thanking - you in anticipation
Jan fast fully
Obli
Encl: UBR form and check for \$ 150.au
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