

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018206

1. Entity Name
NILKANTH MOTEL, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90200 039 ***163.75

Principal Place of Business
4870 TURKEY CREEK ROAD
PLANT CITY FL 33567

Mailing Address
4870 TURKEY CREEK ROAD
PLANT CITY FL 33567



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4657 W. IALO BRONSON HWY
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
DAISSIMMEE FLORIDA

City & State

4. FEI Number
59-3625035

Applied For
Not Applicable

Zip
34746

Country
OSCEOLA

Zip
Country

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

PATIDAR, RAJESH
4870 TURKEY CREEK ROAD
PLANT CITY FL 33567

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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
PSTD
PATIDAR, RAJESH
4870 TURKEY CREEK ROAD
PLANT CITY FL 33567 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01 813-737-2788

CR2E034 (10/00)