

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-15-2003 90114 050 ***150.00
06-16-2003 90148 005 ***150.00

DOCUMENT # P00000024055

1. Entity Name

SHRI GANESH INC OF NEW PORT RICHEY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5804 MAIN STREET

3. Mailing Address

5804 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

4. FEI Number

59-3647013

Applied For

Not Applicable

Zip

34652

Country

Zip

34652

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATEL, GHANSHYAM P

Street Address (P.O. Box Number is Not Acceptable)

4448 ONORIO STREET

City

NEW PORT RICHEY

FL

Zip Code

34653

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
PATEL, GHANSHYAMP
4448 ONORIO STREET
NEW PORT RICHEY FL 34653

TITLE
NAME
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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/03 727 849 4080

Date

Daytime Phone #

CR2E034B (12/02)