

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90358 012 ***150.00

DOCUMENT # P00000050662

1. Entity Name
RJS GROCERY STORES INC.

Principal Place of Business

**9945 CR 44
 LEESBURG FL 34788**

Mailing Address

**9945 CR 44
 LEESBURG FL 34788**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**PATEL, RAMESHBHAI J
 9945 CR 44
 LEESBURG FL 34788**

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:  **R.J.**

(NOTE: Registered Agent signature required when reinstating)

DATE

01.30.01

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

TITLE **P** ☐ Delete
 NAME **PATEL, RAMESHBHAI J**
 STREET ADDRESS **9945 CR 44**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **V** ☐ Delete
 NAME **PATEL, JANAK B**
 STREET ADDRESS **9945 CR 44**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **ST** ☐ Delete
 NAME **PATEL, SUNIL B**
 STREET ADDRESS **9945 CR 44**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

01.30.01 352-314-9855

CR2E034 (10/00)

C0054739



DO NOT WRITE IN THIS SPACE