

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

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AV

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1. Entity Name
KRISHNA PETRO, INC.

03-12-2003 90077 005 ***150.00

Principal Place of Business
**2553 SHEFFIELD DR
DELTONA FL 32738**

Mailing Address
**2553 SHEFFIELD DR
DELTONA FL 32738**



2. Principal Place of Business

Lake view Motel

3. Mailing Address

Lake view Motel

Suite, Apt. #, etc.

1004 North Summit St

Suite, Apt. #, etc.

1004 North Summit St

City & State

Crescent City, FL

City & State

Crescent City FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3649950**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATEL, DAXSHESH
2553 SHEFFIELD DR
DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name **Patel, Daxshesh**

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

1004 North Summit St

City **Crescent City**

FL

Zip Code
32112

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]* **Daxshesh Patel**

DATE: **3/10/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PT** Delete
NAME **PATEL, DAXSHESH**
STREET ADDRESS **2553 SHEFFIELD DR**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **VS** Delete
NAME **PATEL, HEMA D**
STREET ADDRESS **2553 SHEFFIELD DR**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 11

TITLE **PT** Change Addition
NAME **Patel Daxshesh**
STREET ADDRESS **1004 North Summit St**
CITY-ST-ZIP **Crescent City, FL 32112**

TITLE **VS** Change Addition
NAME **Patel Hema D**
STREET ADDRESS **1004 North Summit St**
CITY-ST-ZIP **Crescent City, FL 32112**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 607, 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: *[Signature]* **Daxshesh Patel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/10/03** DAYTIME PHONE #: **386-698-1090**

DATE DAYTIME PHONE #

CR2E034 (10/02)