

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90158 001 \*\*\*150.00

DOCUMENT # P00000077935

1. Entity Name

CENTER FOR YOGA SHAKTI INC



**DO NOT WRITE IN THIS SPACE**

10075700

2. Principal Place of Business

1437 SALE HARBOR CIRCLE

3. Mailing Address

1437 SALE HARBOR CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TARPON SPRINGS FL

City & State

TARPON SPRINGS FL

4. FEI Number

59-3663180

Applied For

Not Applicable

Zip

34689

Country

Zip

34689

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

NIVARGIKAR, ANITA

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

1437 SALE HARBOR CIRCLE

City

TARPON SPRINGS FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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 PS  
NAME NIVARGIKAR, ANITA  
STREET ADDRESS 1437 SALE HARBOR CIRCLE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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**DO NOT WRITE  
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:

*Anita Nivargikar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03  
Date

Daytime Phone #

CR2E034B (12/02)