

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109051

1. Entity Name

GK BROTHERS, INC.

Principal Place of Business

4670 US HWY 90 WEST
LAKE CITY FL 32055

Mailing Address

4670 US HWY 90 WEST
LAKE CITY FL 32055

2. Principal Place of Business

SCOTTISH INNS

Suite, Apt. #, etc.

2969 C.R. #136

3. Mailing Address

8182 S.R. 6 WEST

Suite, Apt. #, etc.

City & State

WHITESPRINGS, FL.

City & State

JASPER, FL.

Zip

Country

SUWANNEE

Zip

32052

Country

HAMILTON

4. FEI Number

59-3695109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, GHANSHYAM
4670 US HWY 90 WEST
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name NICK PATEL

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

8182 S.R. 6 W

City

JASPER

FL

Zip Code

32052

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-16-2001

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

TITLE D
NAME PATEL, GHANSHYAM
STREET ADDRESS 4670 US HWY 90 WEST
CITY-ST-ZIP LAKE CITY FL 32055 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME NICK PATEL
STREET ADDRESS 8182 S.R. 6 WEST
CITY-ST-ZIP JASPER FL 32052

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

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

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

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

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

SECRETARY

3-16-2001

Date

904-792-1255

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90039 013 ***150.00



DO NOT WRITE IN THIS SPACE