

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

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90102 020 ***150.00

DOCUMENT # P01000002983
1. Entity Name
C K G Inc

DO NOT WRITE IN THIS SPACE

50028581

2. Principal Place of Business 7928 State Road 2 West Suite, Apt. #, etc.		3. Mailing Address 7928 State Road 2 West Suite, Apt. #, etc.	
City & State Jasper, FL		City & State Jasper, FL	
Zip 32052	Country	Zip 32052	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3690278		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GANDHI, AJAY	
Street Address (P.O. Box Number is Not Acceptable) 7928 STATE RD #6 WEST	
City JASPER FL 32052	Zip Code FL

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GANDHI, AJAY 7928 STATE RD #6 WEST JASPER FL 32052-4301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GANDHI, SULOCHNA 7928 STATE RD #6 WEST JASPER FL 32052-4301
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2. 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:

Ajay Gandhi

AJAY GANDHI

3-14-05

386-792-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #