

AMENDED 2002

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

FILED
Jun 27, 2002 8:00 A.M
Secretary of State

DOCUMENT # P01000030135

1. Entity Name

HAVMORE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5003 Old Winter Garden Rd.
Suite, Apt. #, etc.

3. Mailing Address
1675 Rachels Ridge Loop
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

City & State
Ocoee, Florida

4. FEI Number
59-3710272

Applied For
Not Applicable

Zip Country
32809 USA

Zip Country
34761 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jayesh Patel

Street Address (P.O. Box Number is Not Acceptable)
1675 Rachels Ridge Loop

City Ocoee FL Zip Code 34761

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

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

(NOTE: Registered Agent signature required when reinstating)

6/27/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
P, T, S, D
Patel, Jayesh
STREET ADDRESS
1675 Rachels Ridge Loop
CITY-ST-ZIP
Ocoee, Florida 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jayesh Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jayesh Patel, President

06/20/02

47-522-8902
Daytime Phone #

CR2E034B (12/01)