

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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90055 020 \*\*\*150.00

DOCUMENT # P01000047230

1. Entity Name

SNJ ENTERPRISES OF GAINESVILLE INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1024 W. University Ave.

3. Mailing Address

1406 S.W. 105th Terrace

Suite, Apt. #, etc.

Gainesville FL

Suite, Apt. #, etc.

Gainesville FL 3

City & State

City & State

Zip 32601

Country U.S.A.

Zip 32607

Country U.S.A.

4. FEI Number

59-3718142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name SHIRISHBHAI G. PATEL

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

1406 S.W. 105th Terrace

City Gainesville

FL

Zip Code 32607

**DO NOT WRITE  
IN THIS SPACE**

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

Shirishbhai Patel President

3-31-03

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SHIRISHBHAI G. PATEL, President  
NAME  
STREET ADDRESS 1406 S.W. 105th Terrace  
CITY-ST-ZIP Gainesville FL 32607

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CR2E034B (12/02)

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:

Shirishbhai Patel

3-31-03

352-372-3907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #