

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90065 017 \*\*\*150.00

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**DOCUMENT # P01000052273**

1. Entity Name  
**SHIVRUP & OM, INC.**



Principal Place of Business  
**96 US HIGHWAY 17-92  
DEBARY FL 32713  
US**

Mailing Address  
**724 ARBOR LAKES CIRCLE  
SANFORD FL 32771**

**90015982**



2. Principal Place of Business

3. Mailing Address

**96 US Highway 17-92 S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Debarry FL**

4. FEI Number  
**59-3730730**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32713 Volusia**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NAVINCHANDRA PATEL~~  
~~5801 N. ATLANTIC AVE, STE. 711~~  
~~CAPE CANAVERAL FL 32020~~

Name **SANJAY PATEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**96 US Highway 17-92 S**  
City **DEBARY** FL Zip Code **32713**

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 **SANJAY PATEL**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/21/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **PATEL, SANJAY**  
STREET ADDRESS **5801 N. ATLANTIC AVENUE SUITE 711**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32020**

TITLE **P/D/S** ☒ Change ☐ Addition  
NAME **PATEL, SANJAY**  
STREET ADDRESS **96 Highway 17-92 S**  
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **SVD** ☒ Delete  
NAME **PATEL, NAVINCHANDRA**  
STREET ADDRESS **5801 N. ATLANTIC AVENUE SUITE 711**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32020**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**SANJAY PATEL 1/21/03 407 302 8223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)