

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90041 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000059218*

1. Entity Name

SHREE TRILOCHAN INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4502 SE 15TH ST

Suite, Apt. #, etc.

3. Mailing Address

4502 SE 15TH ST

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34471

Country

USA

Zip

34471

Country

USA

4. FEI Number

65-1112654

Applied For

Not Applicable

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

ROHIT B PATEL

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

4502 SE 15TH ST

City

OCALA

FL

Zip Code

34471

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/2002

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
STREET ADDRESS
CITY - ST - ZIP
*PSTD
ROHIT B PATEL
4502 SE 15TH ST
OCALA, FL 34471*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002

DATE

Daytime Phone #

352 732 2247

CR2E034B (12/01)