FILED
Jul 09, 2003 8:00 am
Secretary of State
07-09-2003 90038 004 ***150.00

DOCUMENT # P01000059218

Entity Name
HREE TRILOCHAN, INC.

Principal Place of Business	Mailing Address
4502 SOUTHEAST 15TH STREET OCALA FL 34471	4502 SOUTHEAST 15TH STREET OCALA FL 34471

[redacted]

2. Principal Place of Business — Suite/Apt.#/Etc. — City & State — Zip — County

3. Mailing Address — Suite/Apt.#/Etc. — City & State — Zip — County

☒ CHECK HERE IF MAILING ADDRESS CHANGES

4. FEI Number: 65-1112654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
4502 SE 65TH ST
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

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

City — FL — Zip Code

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 — DATE

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

TITLE PSTD ☐ Delete
NAME PATEL, ROHIT B
STREET ADDRESS 4502 SOUTHEAST 15TH STREET
CITY-ST-ZIP OCALA FL 34471

TITLE — NAME — STREET ADDRESS — CITY-ST-ZIP ☐ Delete

TITLE — NAME — STREET ADDRESS — CITY-ST-ZIP ☐ Delete

TITLE — NAME — STREET ADDRESS — CITY-ST-ZIP ☐ Delete

TITLE — NAME — STREET ADDRESS — CITY-ST-ZIP ☐ Delete

TITLE — NAME — STREET ADDRESS — CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

SIGNATURE: [signature] ROHIT B PATEL 4/16/03 352 6941109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)