

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90008 020 ***150.00

DOCUMENT # P01000061866

1. Entity Name

SWAMI SHRIJI BHAKTI INC



DO NOT WRITE IN THIS SPACE

24075284

2. Principal Place of Business

529 HWY 40

3. Mailing Address

PO BOX 948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

INGLIS, FL

City & State

INGLIS, FL

4. FEI Number

59-3726960

Applied For

Not Applicable

Zip

34449

Country

Zip

34449-0948

Country

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

7. Name and Address of Current Registered Agent

Name

PATEL, YOGESHKUMAR-B

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

PO BOX 948(529 HWY 40)

City

INGLIS

FL

Zip Code 34449

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/16/04

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 PTS
NAME PATEL, YOGESHKUMAR B
STREET ADDRESS PO BOX 948(529 HWY 40)
CITY-ST-ZIP INGLIS, FL 34449

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**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

352-442-4114

Daytime Phone #

CR2E034B (12/02)