

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90945 046 ***150.00

DOCUMENT # P01000061866

1. Entity Name
SWAMI SHRIJI BHAKTI INC.



Principal Place of Business
**529 HWY 40
INGLIS FL 34449**

Mailing Address
**PO BOX 948
INGLIS FL 34449-0948**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3726960**

Applied For

Not Applicable

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

**PATEL, YOGESHKUMAR B
529 HWY 40
INGLIS FL 34449**

Name
PATEL, YOGESHKUMAR B
Street Address (P.O. Box Number is Not Acceptable)
PO BOX 948 (529 HWY 40)
City **INGLIS** FL **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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
PATEL, YOGESHKUMAR B
529 HWY 40
INGLIS FL 34449** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
PATEL, YOGESHKUMAR B
PO BOX 948 (529 HWY 40)
INGLIS, FL 34449** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 352-447-0191
Date Daytime Phone #

CR2E034 (10/02)