## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 02, 2004 8:00 am Secretary of State DOCUMENT # 1. Entity Name P01000096558 04-02-2004 90024 017 \*\*\*150.00 WESELEY CHAPEL FOOD INC Principal Place of Business Mailing Address 3114 GULF WINDS CR 3114 GULF WINDS CR SPRING HILL FL 34607 SPRING HILL FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-374900 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANJAYA - N PATEL Street Address (P.O. Box Number is Not Acceptable) 3114 GULF WIND'S CA HERMAND BEACH 1-L 34607. 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 Signature, typed or printed name of registered agent and title till applicable (NOTE: Registered Agent signature required whee rejustating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing ; \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. 🕝 🗓 Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPTS TITLE Delete TITLE Change Addition PATEL, SANJAYA NAME NAME 3114 GULF WINDS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HERNANDO BEACH FL 34607-3021 City-st-zip ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ACCURESS CHY-ST- AP CITY-SI-71P TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADMINESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-SI-ZIP TITLE Delete TITLE ☐ Change Addition NAME MAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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 logal effect as if made under oath, that I am an officer or director of the corporation of 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.

Y Sayon N Pole SANJAMA N. PATEZ DIRECTOR