

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90139 021 ***150.00

DOCUMENT # P01000111127

1. Entity Name
KRISHNA MARKETS, INC.



Principal Place of Business
4390 LONDON TOWN ROAD
TITUSVILLE FL 32796

Mailing Address
4390 LONDON TOWN ROAD
TITUSVILLE FL 32796



2. Principal Place of Business

KRISHNA MARKET, INC

3. Mailing Address

KRISHNA MARKET, INC

Suite, Apt. #, etc.

110 N. MAIN ST.

Suite, Apt. #, etc.

110 N. MAIN ST

CHECK HERE IF MAKING CHANGES

City & State

BUSHNELL, FL

City & State

BUSHNELL, FL.

4. FEI Number

APPLIED FOR

Applied For

27-0014553

Not Applicable

Zip

33513

Country

U-S-A.

Zip

33513.

Country

U-S-A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, HITESH

4390 LONDON TOWN ROAD
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name

PATEL JITENDRA

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

110 N. MAIN ST.

City

BUSHNELL

FL

Zip Code

33513.

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) 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P PATEL, JITENDRA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, JITENDRA	NAME	
STREET ADDRESS	4390 LONDON TOWN ROAD	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: JITENDRA PATEL 2-14-03 352 568 -0188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)