2002 Uniform Business Report (UBR)

Apr 07, 2002 8:00 am Secretary of State **DOCUMENT #** P01000120414 1. Entity Name 04-07-2002 90062 032 ***158.75 PURSHOTTAM, INC. Principal Place of Business Mailing Address 243 W. PARK AVE., STE. 201 243 W. PARK AVE., STE. 201 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business COUNTY ROAD ROAD 220 DO NOT WRITE IN THIS SPACE 4. FEI Number 3 Applied For DOLLBURG - PL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent = LARSEN, ERIK C Street Address (P.O. Box Number is Not Acceptable) 243 W. PARK AVE., STE. 201 WINTER PARK FL 32789 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01)Change ☐ Addition Delete TITLE TITLE NAME PATEL, BIREN NAME 50 CK 220 CR2E034 STREET ADDRESS 55 WESTBURY RD., NEW SOUTHGATE STREET ADDRESS MIDDLEBURG, FL 32068 CITY-ST-7IP CITY-ST-ZIP LONDON N11 2DB Change ☐ Addition TITLE Delete TITLE NAME PATEL, DIPAK NAME 450 CR 220 STREET ADDRESS STREET ADDRESS 55 WESTBURY RD., NEW SOUTHGATE MIODLEBURG, PL 32068 CITY-ST-7IF CITY-ST-ZIP London N11 2DB Change - 🗔 Addition TITLE-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 eath; 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 11 or Block 12 if