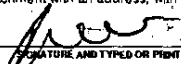


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                 |                                                            |                                                                                                 |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P01000122231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                 |                                                            |                |                                                                   |
| 1. Entity Name<br><b>SHREEJI OF LAKE CITY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                 |                                                            |                                                                                                 |                                                                   |
| Principal Place of Business<br>RT. 22, BOX 2338<br>LAKE CITY, FL 32024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                 | Mailing Address<br>RT. 22, BOX 2338<br>LAKE CITY, FL 32024 |                                                                                                 |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                 | 3. Mailing Address                                         |                                                                                                 |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                 | Suite, Apt. #, etc.                                        |                                                                                                 |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                 | City & State                                               |                                                                                                 |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                    | Zip                             | Country                                                    | 4. FEI Number<br><b>01-0554333</b>                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                 |                                                            | Applied For<br>Not Applicable                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                 |                                                            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                 | 7. Name and Address of New Registered Agent                |                                                                                                 |                                                                   |
| <b>PATEL, PRAKASH</b><br>RT. 22, BOX 2338<br>LAKE CITY, FL 32024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                 | Name                                                       |                                                                                                 |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                 | Street Address (P.O. Box Number is Not Acceptable)         |                                                                                                 |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                 | City                                                       |                                                                                                 |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                 | FL 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 _____ (NOTE: Registered Agent's signature required when withdrawing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                 |                                                            |                                                                                                 |                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/>           After May 1, 2003 Fee will be \$550.00<br/>           Make Check Payable to Florida Department of State         </div> <div>           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>                                                                                                                                                                                                                                      |                            |                                 |                                                            |                                                                                                 |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11      |                                                                                                 |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P                          | <input type="checkbox"/> Delete | TITLE                                                      |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>PATEL, PRAKASH</b>      |                                 | NAME                                                       |                                                                                                 |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ROUTE 22 BOX 2338</b>   |                                 | STREET ADDRESS                                             |                                                                                                 |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>LAKE CITY, FL 32025</b> |                                 | CITY-ST-ZIP                                                |                                                                                                 |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP                         | <input type="checkbox"/> Delete | TITLE                                                      |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>SONI, DHIMANT</b>       |                                 | NAME                                                       |                                                                                                 |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>RTE 22 BOX 2367</b>     |                                 | STREET ADDRESS                                             |                                                                                                 |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>LAKE CITY, FL 32024</b> |                                 | 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                                                |                                                                                                 |                                                                   |
| 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                                                |                                                                                                 |                                                                   |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                 | 630-02-3867555571                                          |                                                                                                 |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                 | Date Daytime Phone #                                       |                                                                                                 |                                                                   |

CR2E034 (10/02)

7/7/0