

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90151 046 ***150.00

DOCUMENT # P02000007931

1. Entity Name
LIGNA MARKETING INC.



Principal Place of Business
8016 SW 62 CT
OCALA FL 34476

Mailing Address
8016 SW 62 CT
OCALA FL 34476

2. Principal Place of Business

3405 SW college Rd

3. Mailing Address

Suite, Apt. #, etc.

#209

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

4. FEI Number

80-000 6823

Applied For

Not Applicable

Zip

Country

34474

Marion

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

PATIDAR, SAMUEL S
8016 SW 62 CT
OCALA FL 34476

7. Name and Address of New Registered Agent

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 _____ **DATE** _____
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
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

TITLE **PT** ☐ **Delete**
NAME **PATIDAR, SAMUEL S**
STREET ADDRESS **8016 SW 62 CT**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **VS** ☐ **Delete**
NAME **PATIDAR, BELAEL S**
STREET ADDRESS **8016 SW 62 CT**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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: **S. Samuel Patidar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03

352-207-5111

Date Daytime Phone #

CR2E034 (10/02)