

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90202 010 ***150.00

DOCUMENT # P02000007982

1. Entity Name
OM SHIV, INC.



Principal Place of Business
**3616 ROYAL CREST DR
LAKELAND FL 33813**

Mailing Address
**3616 ROYAL CREST DR
LAKELAND FL 33813**

55040879



2. Principal Place of Business

5625 Moon Valley Dr.

3. Mailing Address

5625 Moon Valley Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

01-0687836

Applied For

☐ Not Applicable

Zip

33813

Country

USA

Zip

33813

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, VASANT A
3616 ROYAL CREST DR
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

Patel, Vasant

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

5625 Moon Valley Drive

City

Lakeland

FL

Zip Code

33813

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

\$5.00 May Be

Trust Fund Contribution

☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D President** ☐ Delete
NAME **PATEL, HEMA V**
STREET ADDRESS **3616 ROYAL CREST DR**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☒ Delete
NAME **PATEL, JATIN B**
STREET ADDRESS **3616 ROYAL CREST DR**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☒ Delete
NAME **PATEL, VASANT A**
STREET ADDRESS **3616 ROYAL CREST DR**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Patel, Hema**
STREET ADDRESS **5625 Moon Valley Dr.**
CITY-ST-ZIP **Lakeland FL 33813**

TITLE **Vice President/Secretary** ☒ Change ☐ Addition
NAME **PATEL VASANT A.**
STREET ADDRESS **5625 Moon Valley Dr.**
CITY-ST-ZIP **Lakeland, FL 33813**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(j), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

(863)

644-2233

Daytime Phone #

CFR2E034 (10/02)