

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90346 049 ***158.75

DOCUMENT # P02000009276

1. Entity Name
TEJAS JIVAN, INC.



Principal Place of Business
~~4510 US HWY. 90 W.~~ 3144 W. US HWY 90
LAKE CITY FL 32055

Mailing Address
4510 US HWY. 90 W.
LAKE CITY FL 32055

2. Principal Place of Business
3144 W. US HWY 90
Suite, Apt. #, etc.

3. Mailing Address
3144 W. US HWY 90
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State LAKE CITY FL	City & State LAKE CITY FL	4. FEI Number 04-3642289	Applied For Not Applicable
Zip 32055	Country USA	Zip 32055	Country U.S.A.
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75* Additional Fee Required			

6. Name and Address of Current Registered Agent
PATEL, PRAVINCHANDRA J
~~4510 US HWY. 90 W.~~ 3144 W. US HWY 90
LAKE CITY FL 32055

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 _____ (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		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATEL, PRAVINCHANDRA J		NAME		
STREET ADDRESS	4510 US HWY. 90 W. 3144 W. US HWY 90		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		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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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: SIGNATURE REQUIRED P. J. PATEL 1/24/03 386 752 9350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)