

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90283 048 ***150.00

DOCUMENT # P02000022921

1. Entity Name
SHRI LAKSHMI CORPORATION



Principal Place of Business
**606 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE FL 32084**

Mailing Address
**606 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE FL 32084**

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

03-0406390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRYAN, LINDA LOGAN
97 ORANGE STREET
ST. AUGUSTINE FL 32084**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EHTA, ASHISH
606 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE FL 32084** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
MEHTA, SANGITA
606 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE FL 32084** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: **ASHTA EHTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/03 904-794-4800

Date

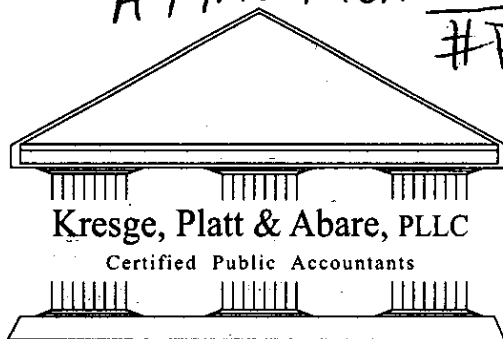
Daytime Phone #

CR2E034 (4/03)

ATTACHMENT

10110951

#PO2000022921



Business and Personal: Financial Consulting Tax Preparation and Planning Auditing and Bookkeeping Estate Planning

July 25, 2003

Florida Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find enclosed the annual report for Parth Pooja Corporation, for the year 2003 and a check in the amount of \$150.00. Please be advised that the corporation did not receive the first annual report that was to be filed by May 1, 2003. We are unsure as to why it was not received, but believe it may be related to the change of the address for the registered agent. The company has never filed an annual report late in its history and we are requesting on their behalf that the Division waive the penalty associated with this late filing and accept the check enclosed.

Thank you in advance for your consideration in this matter.

On behalf of the taxpayer,

Kenneth R. Kresge, CPA

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