

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # PO 2000033382

1. Entity Name

NEEL PRIT INVESTMENTS, INC.



03 OCT 22 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
908 EAGLE POND DR.

3. Mailing Address
908 EAGLE POND DR.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL.

City & State
WINTER HAVEN, FL.

4. FEI Number 37-1425487

Applied For
Not Applicable

Zip
33884

Country
POLK

Zip
33884

Country
POLK

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NANDI FINANCIAL SERVICES

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

8910 N. DALE MABRY SUITE 38

City TAMPA

FL Zip Code
33614

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

January 1 - May 1 Fee is \$150.00.

After May 1, Fee is \$550.00.

Amended UBR is \$61.25

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
AMIN PRITESH M. (PRESIDENT)
908 EAGLE POND DR.
WINTER HAVEN, FL. 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AMIN PRERNA P. (SEC./TRES.)
908 EAGLE POND DR.
WINTER HAVEN, FL. 33884

TITLE
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CITY-ST-ZIP

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300024023673
10/22/03--01064--026 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Pritesh Amin (PRESIDENT)

OCT 18 2003 (863) 439-1164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

R.G. RAJU

Certified Public Accountant

October 18, 2003

The Department of State
Division of Corporations
P.O.Box 1500
Tallahassee, FL-32302

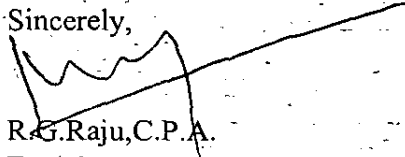
RE: NEEL PRIT INVESTMENT, INC

Dear Sir/Madam:
Enclosed you find:

- 1) Uniform Business Report
- 2) Check for \$150.00

This is to inform you that my client did not receive the earlier notices for the renewal of this corporation as they have changed their mailing address. I hereby request you to waive the penalty. New address is mentioned in the above renewal form.

Sincerely,



R.G. Raju, C.P.A.
Encl-2