

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

DOCUMENT # *P020000 97611*

1. Entity Name  
*ASVA, INC*



FILED

03 NOV 26 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

*549 Feather Oaks Ct*

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orange Park FL*

City & State

4. FEI Number

Applied For

Not Applicable

Zip

*32073*

Country

*Clay*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Harold Elkins*

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

*720 St. Johns Bluff Rd N #4*

City

*Jacksonville*

FL

Zip Code

*32225*

**DO NOT WRITE  
IN THIS SPACE**

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.

**100025046511**

**11/26/03--01006--012 \*\*150.00**

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  
*Hitesh Kumar Patel - P-D*  
*549 Feather Oaks Ct*  
*Orange Park FL 32073*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Purnima Patel VP-D*  
*606 Dunrobin Dr*  
*Orange Park FL 32073*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/16/03*

*904 269.7177*

ASVA, INC.  
1965 OAKTWIST CT.  
ORANGE PARK, FL. 32073

November 12, 2003

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document #P02000097611

Dear Sirs:

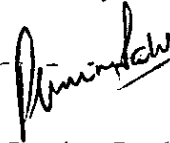
We received word that our corporation had been dissolved.

We have no knowledge of receiving the original renewal notice or any other notices.

Attached is a UBR form along with a check for \$ 150.  
For the renewal.

We request that you waive the late filing penalty.

Yours Very Truly,

A handwritten signature in dark ink, appearing to read 'Purnima Patel', is written over a horizontal line.

Purnima Patel