FILED
May 27, 2003 8:00 am
Secretary of State
05-02-2003 90084 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000105085

1. Entity Name
SHIV INC OF TAMPA BAY

55043744

Principal Place of Business	Mailing Address
2812 WEST KENNEDY BOULEVARD TAMPA, FL 33607	8408 N WATERFORD AVE APT T-2 TAMPA, FL 33604

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2812 W Kennedy Blvd	2812 W Kennedy Blvd
Suite, Apt. #, etc.: Tampa FL - 33609.	Suite, Apt. #, etc.:
City & State: Tampa FL	City & State: Tampa FL - 33609
Zip: 33609 Country: Hillsborough	Zip: 33609. Country: USA.

4. FEI Number: 06-1660221 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, NAVINCHANDRA N
8408 N WATERFORD AVE
APT T-2
TAMPA, FL 33604

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] NAVINCHANDRA C PATEL 4/29/03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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 NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, NAVINCHANDRA C 8408 N WATERFORD AVE APT T-2 TAMPA, FL 33604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, VIPUL S 8408 N WATERFORD AVE APT T-2 TAMPA, FL 33604	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] NAVINCHANDRA C PATEL 4/29/03 813-876-0205.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #