

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90215 042 ***150.00

DOCUMENT # P02000113639



1. Entity Name
GANESH OF LAKE CITY, INC

Principal Place of Business
**ROUTE - 6, BOX-301531
LAKE CITY FL 32025
US**

Mailing Address
**ROUTE - 6, BOX-301531
LAKE CITY FL 32025
US**



2. Principal Place of Business
**Route-6 Box-301531
Suite, Apt. #, etc.
Lake city FL.
City & State
FL.**

3. Mailing Address
**Route-6 Box-301531
Suite, Apt. #, etc.
LAKE city
City & State
FL**

CHECK HERE IF MAKING CHANGES

Zip
32025

Country
U.S.

Zip
32025

Country
U.S.

4. FEI Number **820568844** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, GIRABEN R
ROUTE - 6, BOX-301531
LAKE CITY FL 32025**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE P, D	<input type="checkbox"/> Delete
NAME PATEL, GIRABEN	
STREET ADDRESS ROUTE - 6, BOX-301531	
CITY-ST-ZIP LAKE CITY FL 32025	
TITLE VICE President	<input type="checkbox"/> Delete
NAME RAJU K. PATEL	
STREET ADDRESS Route-6 Box-301531	
CITY-ST-ZIP Lake city FL-32025	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAJU K. PATEL	
STREET ADDRESS ROUTE-6-Box 301531	
CITY-ST-ZIP LAKE CITY, FL 32025	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 386-754-0926
Date Daytime Phone #

CR2E034 (10/02)