

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.

Lakecity FL.

City & State

FL.

Zip

32025

Country

U.S.

3. Mailing Address

Route-6 Box-301531

Suite, Apt. #, etc.

Lakecity

City & State

FL

Zip

32025

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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** ☐ Delete
NAME **PATEL, GIRABEN**
STREET ADDRESS **ROUTE - 6, BOX-301531**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **Vice President** ☐ Delete
NAME **RAJU K. PATEL**
STREET ADDRESS **Route-6 Box-301531**
CITY-ST-ZIP **Lake city FL-32025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **V.P** ☐ Change ☒ Addition
NAME **RAJU K. PATEL**
STREET ADDRESS **Route-6-Box 301531**
CITY-ST-ZIP **LAKE CITY, FL 32025**

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-03 386-754-0926

CR2E034 (10/02)