

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

FILED ATX1
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000146568	
1. Entity Name	
Countryside Motel of Ocala Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4224 NE Jacksonville Rd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State	
Zip 34479	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0422604		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TULARAM, BALDEO (VIC)	
Street Address (P.O. Box Number is Not Acceptable) 4224 NE JACKSONVILLE RD.	
City OCALA FL 34479	Zip Code FL

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	Director
NAME	SINGH, JAANTIE
STREET ADDRESS	4224 NE JACKSONVILLE RD.
CITY-ST-ZIP	OCALA FL 34479
TITLE	Director
NAME	SINGH, KUSLANAND
STREET ADDRESS	4224 NE JACKSONVILLE RD.
CITY-ST-ZIP	OCALA FL 34479
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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11.

TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05
Date

Daytime Phone #