

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90006 046 ***158.75

DOCUMENT # P93000004091

1. Entity Name

BHAKTI ACADEME, INC.

Principal Place of Business

**135 IRWIN ST., E.
 SAFETY HARBOR FL 34695**

Mailing Address

**5201 - 102ND AVENUE NORTH
 PINELLAS PARK FL 34666**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3161056

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUPPEL, DENNIS G

**5201-102ND AVENUE NORTH
 PINELLAS PARK FL 34666**

Name

Dale McNitt

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

25400 U.S. 19 North Suite 116

City

Clearwater

FL

Zip Code
33763

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.

Dale McNitt

SIGNATURE **Dale McNitt President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/2002

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MCNITT, DALE**
 STREET ADDRESS **135 IRWIN ST., E.**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **VSD** ☐ Delete
 NAME **MCNITT, JULIE**
 STREET ADDRESS **135 IRWIN ST., E.**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale McNitt President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2002

Date

727-724-9727

Daytime Phone #

CR2E034 (9/01)