

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000034093	
1. Entity Name 8 TILL LATE AT SURFSIDE INC.	
Principal Place of Business 693 NORTH THIRD STREET JACKSONVILLE, FL 32250 US	Mailing Address 693 NORTH THIRD ST. JACKSONVILLE BCH, FL 32250 US



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3180848	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

BHIKHA, BHAGRATH
693 N. 3RD ST
JACKSONVILLE, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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 retitling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	BHIKHA, BHAGRATH
STREET ADDRESS	1237 E WILLOW OAKS DR
CITY-ST-ZIP	JACKSONVILLE BEACH, FL
TITLE	DVP
NAME	BHIKHA, SUNIL
STREET ADDRESS	1237 E WILLOW OAKS DR
CITY-ST-ZIP	JACKSONVILLE BEACH, FL
TITLE	DVP
NAME	PARAG, JAYESH
STREET ADDRESS	8300 PLAZA GATE LANE S APT 1123
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	DILIP, DILIPZ Z
STREET ADDRESS	1965 SAND HILL CRANE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	DVP
NAME	PATEL, KANTI A
STREET ADDRESS	13121 QUINCY BAY DR
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000265192
03/16/05-80044-022 150.00

**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)(f), 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:

Dilip Patel

3/14/05 904-246-4645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #