FILED **2000 UNIFORM BUSINESS REPORT (UBR)** Aug 21, 2000 8:00 am Secretary of State DOCUMENT # P94000004241 1. Entity Name SHREE-GHANSHYAM, INC. 08-21-2000 90150 001 ***400.00 08-21-2000 90150 002 ***150.00 Principal Place of Business Mailing Address 4762 N.W. GAINESVILLE RD. 4762 N.W. GAINESVILLE RD. OCALA FL 34475-3174 OCALA FL 34475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3218764 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, PATEL Street Address (P.O. Box Number is Not Acceptable) **3622 N.E. 21ST STREET** OCALA FL 34470 Zip Code City 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. 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 9. This corporation is eligible to satisfy its Intangible -10.-Election Campaign Financing-\$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PST **D**elete PST Change Addition TITLE TITLE PATEL, NAYANA ADDRESS AMAKAM NAME NAME PATEL 3622 N.E. 21ST STREET STREET ADDRESS STREET ADDRESS OCALA FL 34470 CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NAYANA K. PATEL

SIGNATURE:

H. BURNET CLARKE CERTIFIED PUBLIC ACCOUNTANT

6844 Tanglewood Drive Blackshear, Georgia 31516

Phone (912) 449-0634 Fax (912) 449-9665

bood@accessatc.net

June 19, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir:

I have just recently taken of the accounting duties of Shree-Ghanshyam, Inc. D/B/A North Gate Jiffy Store. Because of the confusion involved in changing accountants with the transfer of the books, etc., we were unable to file the 2000 Uniform Business Report (UBR) on time. We regret this late filing, and in the future, will file in a timely manner. Thank you for your consideration and patience.

Sincerely,

H. Burnet Clarke, CPA