

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90032 032 ***150.00

DOCUMENT # P94000077123
 1. Entity Name

Doshi, Inc

Principal Place of Business Mailing Address
 5649 Cagle Road
 Jacksonville, FL 32216 -- SAME --

658419

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
 59-3271790 Not Applicable

Zip Country Zip Country

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Doshi, Mahesh N
 5649 Cagle Road
 Jacksonville, FL 32216

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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	D	<input type="checkbox"/> Delete
NAME	Doshi, Mahesh N	
STREET ADDRESS	5649 Cagle Road	
CITY - ST - ZIP	Jacksonville, FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	Doshi, Jitendra	
STREET ADDRESS	5649 Cagle Road	
CITY - ST - ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		

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

SIGNATURE: MAHESH N. DOSHI 4-29-01 (904)733-3890
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (9/99)