

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000062358**

1. Entity Name

GANESHAM SHIVAM ASSOCIATES INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90024 003 ***150.00

0022489

Principal Place of Business

Mailing Address

DAYS INN DURHAM NC.
5139 REDWOOD RD.
DURHAM NC 27704
US**10417 CYPRESS LAKE DR.**
DEERCREEK COUNTRY CLUB
JACKSONVILLE FL 32256
US

00000443



DO NOT WRITE IN THIS SPACE

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 **58-2213070**Applied For
Not Applicable5. 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

SARASWAT, MAHESH C
1017 CYPRESS LAKE DR.
DEERCREEK COUNTRY CLUB
JACKSONVILLE FL 32256

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SARASWAT, MAHESH C 4962 EBENSBURG DR TAMPA PALMS TAMPA FL 33647-1382 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARASWAT, MANISH 10417 CYPRESS LAKE DR-D.C.C JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARASWAT, MANJU 10417 CYPRESS LAKE DR., D.C.C JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)