## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000003523**1. Corporation Name

SUDS AND SOAP, INC.

LIDED
Feb 11, 1999 8:00am
Secretary of State
Secretary of State

02-11-1999 90047 009 \*\*\*150.00

EII ED



Principal Place of Business Mailing Address							
2240 BELLEAIR RD 2240 BELLEAIR RD							
160 CLEARWATER F	FI 33764	160 CLEARWATER FL 33764	· - •		DO NOT WRITE IN THIS SPACE		
US	E 90107	US			3. Date Incorporated or Qualifed 01/11/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied F	or	
21		26			<b>59-3352854</b> Not Appli	icable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Continue of Status Decired   \$8.75 Addition		
22		27			Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution LJ Added to Fees	s .	
Zip	Country	Zip	_ Countr	У	8. This corporation owes the current year Intangible		
24	25	29 3	0]		Personal Property Tax. Yes No		
	9. Name and Address of Curren	t Registered Agent		T Kinan	10. Name and Address of New Registered Agent	`	
DATE	EL CAMDID I		8.	I Name		1	
PATEL, SANDIP I 2240 BELLEAIR RD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	DELLEMIN NU		<u> </u>	ļ	. 3 4 4 - 5 4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	11 10 41	
160	ADMATED EL 22764		8	3		50	
ULE/	ARWATER FL 33764		84	City	85 Zip Code	******	
2012				1	oration submits this statement for the purpose of changing its regists		
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fioria	ia Statute	s. 	on's board of directors. I hereby accept the appointment as registere		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	D ·	☐ DELETE	1.1 TITLE		☐ Change ☐ A	Addition	
NAME	JAKHOTIA, DEEPAK		1.2 NAME				
STREET ADDRESS	15334 WINDING CREEK DR		1.3 STREI	ET ADDRESS		}	
CITY-ST-ZIP	TAMPA FL 33613		1.4 CITY-	ST-ZIP		A 4 202	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ /	Addition	
NAME			2.2 NAME			Ì	
STREET ADDRESS			2.3 STRE	ET ADORESS			
CITY-ST-ZIP			2. 4 CITY-		<u> </u>		
TITLE	<u></u>	☐ DELETE	3.1 TITLE		☐ Change	Addition	
NAME			3.2 NAME			.	
STREET ADDRESS	1		3.3 STRE	ET ADDRESS	9.1.500000000000000000000000000000000000	1	
CITY-ST-ZIP			3.4. CITY-			" (¿¿;	
TITLE		☐ DELETE	4.1 TITLE		「	Addition	
NAME			4. 2 NAMI			j	
STREET ADDRESS			4.3 STRE	ET ADDRESS		}	
City-St-ZIP			4,4 CITY-		· · · · · · · · · · · · · · · · · · ·	A 4 PP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐	Addition	
NAME			5.2 NAME			}	
STREET ADDRESS				ET ADDRESS	e general e	1	
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐	Addition	
NAME			6.2 NAME				
STREET ADDRESS	2.1		6.3 STRE	ET ADORESS			

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

813-968-8655