

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90107 028 ***150.00

A0050273

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000067084

1. Entity Name

ANNAPURNA, INC
ANNAPURNA, INC

Principal Place of Business

Mailing Address

750, W. LAKE MARY BLVD. **750, W. LAKE MARY**
SANFORD. **BULEVARD.**
F.W. 32773 **SANFORD**
FL. 32773

2. Principal Place of Business

3. Mailing Address

750, W. LAKE MARY BLVD. **750, W. LAKE MARY BLVD.**
Suite, Apt. #, etc.

City & State

SANFORD. FLORIDA.

City & State

SANFORD. FLORIDA.

4. FEI Number

59-3455557

Applied For

Not Applicable

Zip

32773

Country

USA

Zip

32773

Country

USA

5. 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

DEVESH V. PATEL
750 W LAKE MARY BLVD
SANFORD, FL 32773

Name

DEVESH V. PATEL

Street Address (P.O. Box Number is Not Acceptable)

750, WEST LAKE MARY BLVD.

City

SANFORD.

FL

Zip Code

32773

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/31/01

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 State

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 **PST** ☐ Delete
NAME **DEVESH PATEL**
STREET ADDRESS **750 W LAKE MARY BLVD**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **BHARAT PATEL**
STREET ADDRESS **239 MARION OAKS LANE**
CITY-ST-ZIP **OCALA, FL 34473**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/001

Date

407-328-1238

Daytime Phone #

CR2E034 (11/00)