

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90582 042 ***150.00

DOCUMENT # P96000094734

1. Entity Name

MOTHERLAND, INC.

Principal Place of Business

CHARLES DISCOUNT MEATS
RT 10 BOX 615 HWY 20 W
TALLAHASSEE FL 32310-803
US

Mailing Address

CHARLES DISCOUNT MEATS
RR 10 BOX 615 HWY 20 W
TALLAHASSEE FL 32310-803
US

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 59-3421272

Applied For

Not Applicable

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

PATEL, CHIMAN R
RT 10 BOX 615
HWY 20 WEST
TALLAHASSEE FL 32310

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

Chiman R. Patel

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

(NOTE: Registered Agent signature required when reinstating)

2/17/01

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 P ☐ Delete
NAME PATEL, CHIMAN R
STREET ADDRESS RT 10 BOX 615 HWY 20 W
CITY-ST-ZIP TALLAHASSEE FL 32310-9803

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 855 VIOLET ST
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VP ☐ Delete
NAME PATEL, PUSHPA C
STREET ADDRESS RT 10 BOX 615 HWY 20 W
CITY-ST-ZIP TALLAHASSEE FL 32310-9803

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 855 VIOLET ST
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Chiman R. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/01

DATE

855-575-6185

Daytime Phone #

CR2E034 (10/00)