

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0047188 AV

FILED

03 FEB -3 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094734

1. Entity Name
MOTHERLAND, INC.Principal Place of Business
CHARLIE'S DISCOUNT MEATS
7526 BLOUNTSTOWN HWY
TALLAHASSEE FL 32310
USMailing Address
CHARLIE'S DISCOUNT MEATS
7526 BLOUNTSTOWN HWY
TALLAHASSEE FL 32310
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
855 VIOLET STREET
TALLAHASSEE FL 32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PATEL, CHIMAN R
STREET ADDRESS 855 VIOLET STREET
CITY-ST-ZIP TALLAHASSEE FL 32308TITLE ☐ Change ☐ Addition
NAME 400012311214
STREET ADDRESS 02/11/03--01039--011 **150.00
CITY-ST-ZIPTITLE VP ☐ Delete
NAME PATEL, PUSHPA C
STREET ADDRESS 855 VIOLET STREET
CITY-ST-ZIP TALLAHASSEE FL 32308TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PATEL, CHIMAN R
SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (10/02)