## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 19, 2000 8:00 am Secretary of State DOCUMENT # P97000029264 1. Entity Name NATWAR, INC. 01-19-2000 90145 041 \*\*\*150.00 Principal Place of Business Mailing Address 19463 S.W. RAINBOW LAKES BLVD. 19463 S.W. RAINBOW LAKES BLVD. **DUNNELLON FL 34431 DUNNELLON FL 34431-4457** 602810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3435081 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATWARBHAI C PATEL Street Address (P.O. Box Number is Not Acceptable) 19463 SW RAINBOW LAKES BLVD **DUNNELLON FL 34431** Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSTD ☐ Change ☐ Addition ☐ Delete TITLE PATEL, NATWARBHAI C NAME NAME 19463 S.W. RAINBOW LAKES BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34431** ☐ Change ☐ Addition TITLE ☐ Delete TITLE PATEL, JYANTIBHAI C NAME NAME STREET ADDRESS 19463 S.W. RAINBOW LAKES BLVD. STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34431** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

SIGNATURE: NOTYPED OR PRINTED MANE OF PROCESS OF DIRECTOR DIRECTOR

13. I hereby certify that the information supplied with this filling 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.