

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90064 025 ***150.00

DOCUMENT # P97000060282

1. Entity Name

SPOT RESOURCES INC.

Principal Place of Business

7301 BROCKBANK DR.
ORLANDO FL 32809

Mailing Address

7301 BROCKBANK DR.
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

6220 S. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc. **194**

6220 S. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc. **194**

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32809

Country

U.S.A.

Zip

32809

Country

U.S.A.

4. FEI Number

59-3459187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATNAIK, PROSANNA
7301 BROCKBANK DR.
ORLANDO FL 32809

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	AGARWAL, MUKUL	
STREET ADDRESS	7301 BROCKBANK DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATNAIK, PROSANNA	
STREET ADDRESS	7301 BROCKBANK DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6220 S. ORANGE BLOSSOM TRAIL, Suite 194
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6220 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

PROSHANT PATNAIK - DIR. OF ADMIN.

02/08/01

407-855-2283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0067434

CR2E034 (10/00)