

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90223 045 ***150.00

DOCUMENT # P97000066393

1. Entity Name
FLOCAL, INC.



Principal Place of Business
COMFORT INN
400 E. INTERNATIONAL SPEEDWAY BLVD.
DELAND FL 32724

Mailing Address
COMFORT INN
400 E. INTERNATIONAL SPEEDWAY BLVD.
DELAND FL 32724



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

59-3468971

4. FEI Number

59-3468971

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

DESAI, M.P.
400 E. INTERNATIONAL SPEEDWAY BLVD.
DELAND FL 32724

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 State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MAROLIA, JANAK S**
STREET ADDRESS **16630 W. HWY. 441**
CITY-ST-ZIP **MOUNT DORA FL 32757**

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

TITLE **D** ☐ Delete
NAME **DESAI, THAKOR C**
STREET ADDRESS **935-SPRINGFIELD RD.**
CITY-ST-ZIP **MILLBRAE CA 94030**

TITLE ☒ Change ☐ Addition
NAME **1107 Mockingbird. Court**
STREET ADDRESS **San Jose, CA 95120**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DESAI, MAHENDRA P**
STREET ADDRESS **45-ROSEWOOD TRAIL**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☒ Change ☐ Addition
NAME **1505 Gingersnap Trail**
STREET ADDRESS **DeLand, FL 32720**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MAROLIA, MAHESH S**
STREET ADDRESS **2630 SW 36TH LANE**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE **D** ☐ Delete
NAME **DESAI, JANAK N**
STREET ADDRESS **2880 POINCIANNA BLVD.**
CITY-ST-ZIP **KISSIMMEE FL 34746**

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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03 386.736.3100

Date

Daytime Phone #

CR2E034 (10/02)