

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000066393**

1. Entity Name  
**FLOCAL, INC.**



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

02-13-2003 90223 045 \*\*\*150.00

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**

Zip **Country** **Zip** **Country** **4. FEI Number** **5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**CHECK HERE IF MAKING CHANGES  
59-3468971**

**Applied For  
Not Applicable**

**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 NAME STREET ADDRESS CITY-ST-ZIP	D <b>MAROLIA, JANAK S 16630 W. HWY. 441 MOUNT DORA FL 32757</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DESAI, THAKOR C 995-SPRINGFIELD RD. MILLBRAE CA 94030</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1107 Mockingbird Court San Jose, CA 95120</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DESAI, MAHENDRA P 45 ROSEWOOD TRAIL DELAND FL 32724</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1505 Gingersnap Trail DeLand, FL 32720</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MAROLIA, MAHESH S 2630 SW 36TH LANE OCALA FL 34474</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DESAI, JANAK N 2880 POINCIANNA BLVD. KISSIMMEE FL 34746</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

0080411  
AV

CR2E034 (10/02)