

2002 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-05-2002 90009 035 ***150.00

DOCUMENT # P97000075258

1. Entity Name

SYMPHONY ENTERPRISES, INC.

Principal Place of Business

**5331 N.E. SILVERSPRINGS BLVD
SILVER SPRINGS FL 34488**

Mailing Address

**5331 N.E. SILVERSPRINGS BLVD.
SILVER SPRINGS FL 34488**

2. Principal Place of Business

SAME AS

Suite, Apt. #, etc.

ABOVE

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

ABOVE

City & State

City & State

4. FEI Number

59-3464878

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**- SHETH, MANSUKHLAL K
240 HWY 98 WEST
APALACHICOLA FL 32320**

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

MS Sheth

01/20/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SHETH, MANSUKHLAL K	
STREET ADDRESS	2121 ADDERBURY LANE	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, NATWARLAL K	
STREET ADDRESS	2511 HADDENHAM LANE	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE		<input type="checkbox"/> Delete
NAME		
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 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:

SIGNATURE REQUIRED

MS Sheth

2/27/02

352-236-2883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)