

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083842

1. Entity Name

BP JAX, INC.

R

Principal Place of Business

Mailing Address

4502 SOUTHEAST 15TH STREET
OCALA FL 34471

4502 SOUTHEAST 15TH STREET
OCALA FL 34471-8506

FILED

00 JUN 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE-FLORIDA

2. Principal Place of Business

3. Mailing Address

3257 NE JACKSONVILLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA, FL

Zip - FL 34479

Country

MAXION

Zip

Country

4. FEI Number

59-3469706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARIMAL B PATEL
SALMOND DR TRACE
OCALA FL 34472

7. Name and Address of New Registered Agent

Name

ROHIT B PATEL

Street Address (P.O. Box Number is Not Acceptable)

4502 SE 15TH ST

City

OCALA

FL

Zip Code

34471

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

Keemati

3/24/00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
PARIMAL B PATEL
SALMOND DR TRACE
OCALA FL 34472-8735

☒ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ROHIT B PATEL
4502 SE 15TH ST
OCALA FL 34471

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keemati

ROHIT B PATEL

3/24/00

3526226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #