FILED

03/13/2001

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

ress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 16, 2001 8:00 am DOCUMENT # P97000107060 **Secretary of State** 1. Entity Name 03-16-2001 90056 006 ***150.00 HAPPY CORPORATION Principal Place of Business Mailing Address 2854 NORTH CITY RD 470 2854 NORTH CITY RD 470 LAKE PANASOFFKEE FL 33538 LAKE PANASOFFKEE FL 33538 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3482366 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, JANAK C Street Address (P.O. Box Number is Not Acceptable) 2854 NORTH CITY RD 470 LAKE PANASOFFKEE FL 33538 City 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 03/13/2001 d or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change PATEL, GAUTUM NAME STREET ADDRESS STREET ADDRESS 2854 NORTH CITY RD 470 CITY-ST-ZIP CITY-ST-ZIP <u>LAKE PANASOFFKEE</u> FL <u>33</u>538 TITLE ☐ Delete TITLE Change ☐ Addition NAME PATEL, JANAK C NAME STREET ADDRESS STREET ADDRESS 328 E. HWY 476 CITY-ST-ZIP CITY-ST-7IP **BUSHNELL FL 33513** TITLE TITLE. NAME PATEL, BELLA J NAME STREET ADDRESS STREET ADDRESS 328 E. HWY 476 CITY-ST-ZIP CITY-ST-7IP **BUSHNELL FL 33513** Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 eath; that I am an officer or director of the corporation or the receiver or triated empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if