2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)							Secretary of State					
DOCUMENT # P9800000130 1. Entity Name DEEPAK JAKHOTIA, INC.								Secretary of State 08-28-2003 90070 047 ***150.00				
Principal Place of Business 110 S. HOOVER BLVD STE 214 TAMPA FL 33609			Mailing Address 110 S. HOOVER BLVD STE 214 TAMPA FL 33609									
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		FDR		1) N. Rock	<u>u 1</u>	PT DO						
Suite, Apt. #, etc. Suite, Apt. #, etc. \$25							☐ CHECK HERE IF MAKING CHANGES					
City & State City & State			State I AWP A	9			4 . F	59-3488843			oplied For ot Applicable	
Zip 2:3	607	Country	Zip	33607	Cour	J-SA		5. 0	Certificate of Status Desired		8.75 Add	
		nd Address of Current I	lRegister			<u> </u>		7. N	lame and Address of New Re			0
						Name						
PATEL, SANDIP I 2240 BELLEAIR ROAD, STE. 160						Street Address (P.O. Box Number is Not Acceptable)						
	LEAIH KUAU, ATER FL 3376								· · · · · · · · · · · · · · · · · · ·			
CLEARWA	AIER FL 33/0	4							·			
						City				FL	Zip Cod	e
	named entity s tions of registere		the purp	oose of changing its	register	ed office or	registere	ed age	ent, or both, in the State of Flori	da. I am fa	miliar with,	and accept
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SIGNATURE .	Signature, typed or p	printed name of registered agent a	nd title if app	plicable. (NOTE	: Registere	ed Agent signatu	re required	when rei	instating)	DATE		
After Se	ptember 10, 2	FEE IS \$550.00 003 Fee will be \$750. lorida Department of			· -			•	Election Campaign Fina Trust Fund Contribution.	ncing		0 May Be I to Fees
10.		OFFICERS AND I		DRS	11.			ADI	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR:	3 IN 11
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NAME STREET ADDRESS	JAKHOTIA, DEEPAK 2204 BAY CLUB CICLE			NAM		ME REET ADDRESS						
CITY-ST-ZIP	TALADA CL 00007					CITY-ST-ZIP						}
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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 autress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Affachment

Jakhotia Insurance Group

2701 N. Rocky Point Dr #525 Tampa, FL 33607 Phone: 813-282-0041

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FLORIDA DEPARTMENT OF STATE

P.O.BOX 1500 TALLAHASEE, FL 32302-1500

Re: PAYMENT

Enclosed please find report along with check #2260 for \$150.00, we did not receive our original notice as our office was in the process of moving. Please check our records and you will find that we have never been past due on our report.

We appreciate your consideration in this matter. Please note our new mailing address.

Thank You

Catherine Baehr