

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90070 047 ***150.00

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DOCUMENT # P98000000130

1. Entity Name
DEEPAK JAKHOTIA, INC.



Principal Place of Business
**110 S. HOOVER BLVD
STE 214
TAMPA FL 33609**

Mailing Address
**110 S. HOOVER BLVD
STE 214
TAMPA FL 33609**



2. Principal Place of Business

2701 N. Rocky Pt Dr

3. Mailing Address

2701 N. Rocky Pt Dr

Suite, Apt. #, etc.

S25

Suite, Apt. #, etc.

S25

City & State

TAMPA

City & State

TAMPA

4. FEI Number

59-3488843

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

33607

Country

U.S.A

Zip

33607

Country

U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, SANDIP I
2240 BELLEAIR ROAD, STE. 160
CLEARWATER FL 33764**

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 JAKHOTIA, DEEPAK 2204 BAY CLUB CICLE TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

DEEPAK JAKHOTIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/03
Date

813-282-0041
Daytime Phone #

CR2E034 (4/03)

Attachment

Jakhotia Insurance Group

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

MEMO		Page 1
ACCOUNT NO. DIVOFCO	OF. CB	DATE 08/20/03

80141854
P98000000130

FLORIDA DEPARTMENT OF STATE

P.O.BOX 1500
TALLAHASSEE, 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