

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90052 041 ***150.00

DOCUMENT # P98000007413

1. Entity Name

SHREE GANESH, INC., OF HUDSON

Principal Place of Business

**8800 SR 52
HUDSON FL 34667**

Mailing Address

**8800 SR 52
HUDSON FL 34667**

2. Principal Place of Business

3. Mailing Address

4049 Savage station cr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey

4. FEI Number

59-3488979

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

34653

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, ASHWIN

8800 SR 52

HUDSON FL 34667

Name **Patel Ashwin**

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

4049 Savage station circle

City **New Port Richey**

FL

Zip Code

34653

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

AJ Patel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **MUTZ, MICHELLE M**
STREET ADDRESS **5317 US 19**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Change ☒ Addition
NAME **PATEL ASHWIN**
STREET ADDRESS **4049 Savage station cr**
CITY-ST-ZIP **New Port Richey FL 34653**

TITLE **D** ☒ Delete
NAME **MUTZ, WILLIAM R**
STREET ADDRESS **5317 US 19**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Change ☒ Addition
NAME **Patel Sandhya**
STREET ADDRESS **4049 Savage station circle**
CITY-ST-ZIP **New Port Richey FL 34653**

TITLE **D** ☐ Delete
NAME **PATEL, SANDHYA**
STREET ADDRESS **8800 SR 52**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Change ☐ Addition
NAME **PATEL, ASHWIN**
STREET ADDRESS **8800 SR 52**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Delete
NAME **PATEL, ASHWIN**
STREET ADDRESS **8800 SR 52**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Change ☐ Addition
NAME **PATEL, ASHWIN**
STREET ADDRESS **8800 SR 52**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Delete
NAME **PATEL, ASHWIN**
STREET ADDRESS **8800 SR 52**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Change ☐ Addition
NAME **PATEL, ASHWIN**
STREET ADDRESS **8800 SR 52**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Delete
NAME **PATEL, ASHWIN**
STREET ADDRESS **8800 SR 52**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Change ☐ Addition
NAME **PATEL, ASHWIN**
STREET ADDRESS **8800 SR 52**
CITY-ST-ZIP **HUDSON FL 34667**

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:

AJ Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

727 849 6653

Date

Daytime Phone #

CR2E034 (9/01)