2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # P98000016799 1. Entity Name PATIDAR GROUP INC. 05-02-2000 90008 033 ***150.00 Principal Place of Business Mailing Address 8016 SW 62ND STREET 8016 SW 62ND STREET OCALA FL 34476-5535 OCALA FL 34476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0813049 Not Applicable ZipCountry Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent -PATIDAR, SUNIL S Street Address (P.O. Box Number is Not Acceptable) 8016 SW 62ND STREET OCALA FL 34476 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. (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, 2000 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 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE PATIDAR, SUNIL S NAME NAME STREET ADDRESS 4590 N. CANYON TR. STREET ADDRESS CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ⊟-Detete ☐ Addition TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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 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

03-15-2000

Daytime Phone #