2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90166 037 ***150.00

DOCUMENT # P98000033508

1. Entity Name
DIVYAJYOT, INC.

Principal Place of Business	Mailing Address
2826 LKLD HIGHLANDS RD LAKELAND FL 33803	P.O. BOX 340 EATON PARK FL 33840

2. Principal Place of Business	3. Mailing Address
2818 LKLD. HIGHLANDS RD.	2818 LKLD. HIGHLANDS RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FLORIDA	City & State: LAKELAND, FLORIDA.
Zip: 33803. Country	Zip: 33803. Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3507114 ☐ Applied For ☐ Not Applicable

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
CHOKSHI, DINESH 201 PARK PLACE STE. 300 ALTAMONTE SPRINGS FL FL	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 $150.00
After May 1, 2003 Fee will be $550.00
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	P PATEL, MAHESHKUMAR 1830 SANCHEZ AVE. LAKELAND FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT. PATEL KAMAL R. 5435 HIGHLANDS VISTA CIR. LAKELAND, FL 33813. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JAYANTKUMAR, PATEL 5532 HIGHLANDS VISTA CIR LAKELAND FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. PATEL PATINCHANDRA 5435 HIGHLANDS VISTA CIR. LAKELAND, FL 33813. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAKSHABEN, PATEL 1830 SANCHEZ AVE LAKELAND FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PATEL, VIRENDRAKUMAR 4920 TRADITION DRIVE LAKELAND FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED PATINCHANDRA PATEL 2/18/03. 863-667-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #