

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

DOCUMENT # P98000033521

1. Entity Name

NEELKANTH MOTEL INC

04-16-2004 90062 039 ***150.00

DO NOT WRITE IN THIS SPACE

94053812

2. Principal Place of Business

405 NW SANTA FE BLVD

3. Mailing Address

405 NW SANTA FE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIGH SPRINGS, FL

City & State

HIGH SPRINGS, FL

4. FEI Number

59-3503809

Applied For

Not Applicable

Zip

32643

Country

Zip

32643

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **PATEL, RASHMI N**

Street Address (P.O. Box Number is Not Acceptable)
405 NW SANTA FE BLVD

City **HIGH SPRINGS**

FL

Zip Code
32643

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PATEL, RASHMI N 405 NW SANTA FE BLVD HIGH SPRINGS, FL 32643	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 (386) 454-1701

Date

Daytime Phone #

CR2E034B (12/01)