

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90148 050 ***150.00

DOCUMENT # P98000034491

1. Entity Name

JAY JALARAM, INC.



Principal Place of Business

604 E. DUVAL STREET
A & M DISC BLVD.
LAKE CITY FL 32055-4056

Mailing Address

604 E. DUVAL STREET
A & M DISC BLVD.
LAKE CITY FL 32055-4056

2. Principal Place of Business

A&M Disc Bev #72

3. Mailing Address

A&M Disc Bev #72

Suite, Apt. #, etc.

Suite, Apt. #, etc.

394 E Duval St

394 E Duval St

City & State

City & State

Lake City FL

Lake City FL

Zip

Country

Zip

Country

32055-4056 U.S.A.

32055-4056 U.S.A.

4. FEI Number

59-3534111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PATEL, RAJNI
102 PARK LANE
LAKE CITY FL 32044-4056

7. Name and Address of New Registered Agent

Name RAJNIBHAI PATEL

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

148. PAUL TER

City Lake City

FL

Zip Code

32025

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

TITLE PTS ☐ Delete
NAME PATEL, RAJNI
STREET ADDRESS 604 E. DUVAL STREET
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rajni Patel SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-02 386.752-0942

Date

Daytime Phone #

CR20034 110/02