2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # **P98000076871** 1. Entity Name DARSHANA, INC. 03-02-2001 90098 038 ***150.00 Principal Place of Business Mailing Address 1920 PARENTAL HOME ROAD 1920 PARENTAL HOME ROAD JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 723263 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 59-3531017 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAH. DARSHANA Street Address (P.O. Box Number is Not Acceptable) 7901 BAYMEADOWS CIR #312 JACKSONVILLE FL 32256 Zip Code City FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PVTS** CR2E034 (10/00) TIFLE Delete TITLE Change Addition SHAH, DARSHANA MAME NAMS 7901 BAYMEADOWS CIR #312 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-7IP Change TITLE ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE □ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.