


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-10-2003 90094 038 ***150.00

DOCUMENT # P98000100454	
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1. Entity Name
MAHANT CORPORATION

Principal Place of Business
3511 CLEVELAND AVE
FORT MYERS FL 33901
US

Mailing Address
3511 CLEVELAND AVE
FORT MYERS FL 33901
US

55003775



2. Principal Place of Business Fort Myers Inn Motel Suite, Apt. #, etc. 3511 Cleveland Ave City & State Fort Myers FL Zip 33901 Country USA	3. Mailing Address 3511 Cleveland Ave Suite, Apt. #, etc. 3511 Cleveland Ave City & State Fort Myers FL Zip 33901 Country USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0912233** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent PATEL, NUTAN 2445 STATE ROAD 16 ST. AUGUSTINE FL 32092	7. Name and Address of New Registered Agent Name Patel Nutan Street Address (P.O. Box Number is Not Acceptable) 3511 Cleveland Ave Fort Myers City FL Zip Code 33901
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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 **Patel NC Nutan Patel Secretary 1/26/03**
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 **\$5.00 May Be**
Trust Fund Contribution. ☐ 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, CHANDRAKANT R 3511 CLEVELAND AVE FT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patel NC
NUTAN PATEZ

1/26/03

941-936

Daytime Phone #

CR2E034 (10/02)

1959
(100)