

DOCUMENT # P990000005030

1. Entity Name

DEEP HOTELS AND INVESTMENTS, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

01-18-2000 90175 004 ***150.00

Principal Place of Business

Mailing Address

1290 N. TEMPLE AVE.
STARKE FL 320911290 N. TEMPLE AVE.
STARKE FL 32091-2116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558109

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

PATEL, SURESH
 1290 N. TEMPLE AVE.
 STARKE FL 32091

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.

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JASHU S. PATEL <input type="checkbox"/> Delete 1290 N TEMPLE AVE STARKE FL 32091 SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARBHU. P. PATEL <input type="checkbox"/> Delete 1290 N TEMPLE AVE STARKE, FL 32091 V/P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUSHPA. P. PATEL <input type="checkbox"/> Delete 1290 N. TEMPLE AVE STARKE, FL 32091 TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SURESH. P. PATEL <input type="checkbox"/> Delete 1290 N TEMPLE AVE STARKE FL 32091 PRES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S.P. Patel President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904
 1-9-2000 964-6744

CR2E034 (9/98)