

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012935

1. Entity Name
BHAGAVATI PRODUCTIONS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90004 013 ***550.00

Principal Place of Business

1123 AIRPORT DRIVE
SEBASTIAN FL 32957

Mailing Address

1123 AIRPORT DRIVE
SEBASTIAN FL 32957

2. Principal Place of Business

1627 US Highway One
Suite, Apt. #, etc.
16

3. Mailing Address

1627 US Highway One
Suite, Apt. #, etc.
16

City & State

Sebastian, FL

City & State

Sebastian, FL

4. FEI Number

65-0891757

Applied For

Not Applicable

Zip

32958

Country

USA

Zip

32958

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, JOHN G
1515 US HWY 1
STE. 201
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NG, HILBERT
P.O. BOX 1227 N/A
ROSELAND FL 32957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT / TREASURER
PATRICIA B. MARILHAM
11135 ROSELAND RD
SEBASTIAN, FL 32958
☐ Change ☒ Addition

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

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

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

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

JOHN G. EVANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-6-00

Daytime Phone #

561-388-2368

CR2E034 (5/00)