

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90009 043 ***150.00

DOCUMENT #

1. Entity Name

JAY REVAPURI INC OF JAX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1102 BLANDING BLVD

3. Mailing Address

1102 BLANDING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

54016881

DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK FL

City & State

ORANGE PARK FL

4. FEI Number

59-3574469

Applied For

Not Applicable

Zip

32065

Country

CLAY

Zip

32065

Country

CLAY

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PRAFUL DABHI

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

2855 SOUTHAMPTON DR

MIDDLEBURG

City

FL

Zip Code

32068

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-01-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
ARCHANA DABHI
2855 SOUTHAMPTON DR
MIDDLEBURG FL 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] ARCHANA DABHI President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-04

Date

(904) 272-1990

Daytime Phone #

CR2E034B (12/02)