FILED

2001 UNIFORM BUଞ୍ଚାNESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

address

with all other like empowered.

DOCUMENT # P99000045384 Mar 19, 2001 8:00 am **Secretary of State** BO*DIRT II, INC. 03-19-2001 90389 032 ***150.00 Principal Place of Business Mailing Address 2240 BELLEAIR ROAD STE. 160 2240 BELLEAIR ROAD STE: 160 CLEARWATER FL 33764 CLEARWATER FL 33764 3. Mailing Address 2. Principal Place of Business CIRCLE 50 BAHAMA Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3584181 Not Applicable \$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 STEVEN W. Macre PATEL, SANDIP I Street Address (P.O. Box Number is Not Acceptable) 2240 BELLEAIR ROAD STE. 160 **CLEARWATER FL 33764** 8200 Boyan Diag Road 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE ☐ Addition 🔼 Delete NAME MOORE, STEVEN W NAME STREET ADDRESS 2240 BELLEAIR ROAD STE. 160 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** President Ranchhad Khant ☐ Delete TITLE TITLE Ranchhod Khant NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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