

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90385 046 ***150.00

DOCUMENT # P99000061701

1. Entity Name
ANNAPURNA HOSPITALITY CORPORATION



Principal Place of Business
3800 U.S. HWY. 27
DAVENPORT FL 33837

Mailing Address
3800 U.S. HWY. 27
DAVENPORT FL 33837

2. Principal Place of Business
42389 U.S. HWY. 27

3. Mailing Address
42389 U.S. HWY. 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVENPORT FL

City & State
DAVENPORT FL

4. FEI Number **59-3591939**

☒ **Applied For**
☐ **Not Applicable**

Zip **33837** **Country** **POLK**

Zip **33837** **Country** **POLK**

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, BHARAT J
3800 U.S. HWY. 27
DAVENPORT FL 33837

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 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 Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PATEL, BHARAT 3800 U.S. HWY. 27 DAVENPORT FL 33837	<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	T PATEL, DAVESH 3800 U.S. HWY. 27 DAVENPORT FL 33837	<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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 86-424-2401

Date

Daytime Phone #

CR2E034 (10/02)