

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062555

1. Entity Name

SHIV ENTERPRISES, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90034 007 ***150.00

Principal Place of Business

Mailing Address

1510 KATHLEEN ROAD
LAKELAND FL 33805

1510 KATHLEEN ROAD
LAKELAND FL 33805-3466

2. Principal Place of Business

1512 KATHLEEN ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

4. FEI Number

54-3591427

Applied For

Not Applicable

Zip

Country

33805

Zip

Country

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, DINESH D
1510 KATHLEEN ROAD
LAKELAND FL 33805

Name

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

3520 CLEVELAND HEIGHTS BLVD #101

City

LAKELAND

FL

Zip Code

33803

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
PSTD
PATEL, DINESH D
1510 KATHLEEN ROAD
LAKELAND FL 33805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3520 CLEVELAND HEIGHTS BLVD #101
LAKELAND FL 33803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-00

941-682-2561

CR2E034 (9/99)