

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90091 019 ***150.00

00002433



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------------------------------|--|---|
| DOCUMENT # P99000063922 | | | |
| 1. Entity Name SRINATHJI ENTERPRISES, INC. | | | |
| Principal Place of Business 724 N. WABASH DRIVE LAKELAND FL 33815 | | Mailing Address 724 N. WABASH DRIVE LAKELAND FL 33815 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent PATEL, MANILAL 3876 GOLF VILLAGE, LOOP #8 LAKELAND FL 33809 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 724 N - WABASH AVE City LAKELAND FL Zip Code 33815 | |
| 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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE V.P.D. NAME PATEL, MANILAL STREET ADDRESS 3876 GOLF VILLAGE, LOOP #8 CITY-ST-ZIP LAKELAND FL 33809 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 724 N. WABASH AVE CITY-ST-ZIP LAKELAND FL 33815 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D.P. NAME PATEL, BHAVNA STREET ADDRESS 3876 GOLF VILLAGE, LOOP #8 CITY-ST-ZIP LAKELAND FL 33809 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 724 N. WABASH AVE CITY-ST-ZIP LAKELAND FL 33815 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE P.D. NAME PATEL, BINA STREET ADDRESS 3912 GOLF VILLAGE, LOOP #5 CITY-ST-ZIP LAKELAND FL 33809 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 724 N. WABASH AVE CITY-ST-ZIP LAKELAND FL 33815 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE S NAME PATEL, VAISHALI STREET ADDRESS 3912 GOLF VILLAGE, LOOP #5 CITY-ST-ZIP LAKELAND FL 33809 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 724 N. WABASH AVE CITY-ST-ZIP LAKELAND FL 33815 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 01-04-01 863-683-8033 <small>Date Daytime Phone #</small> | |

CR2E034 (10/00)