

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S48557

1. Entity Name
Shah and Prasad Constructors, Inc.

FILED
Aug 10, 2000 8:00 am
Secretary of State
08-10-2000 90012 013 ***158.75

Principal Place of Business
7236 Merrill Rd.
Jacksonville, FL 32277

Mailing Address
7236 Merrill Rd.
Jacksonville, FL 32277

2. Principal Place of Business
7236 Merrill Rd.

3. Mailing Address
7236 Merrill Rd.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL 32277

Zip 32277 **Country** Duval

Zip 32277 **Country** Duval

4. FEI Number
61-1155367

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Prasad, Jai P.
7236 Merrill Rd.
Jacksonville, FL 32277


7. Name and Address of New Registered Agent

Name
Anil C. Shah

Street Address (P.O. Box Number is Not Acceptable)
7236 Merrill Rd.

City Jacksonville **FL** **Zip Code** 32277

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  **DATE** 8-8-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Prasad, Jai P.	
STREET ADDRESS	7236 Merrill Rd.	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	S	<input type="checkbox"/> Delete
NAME	Shah, Anil C.	
STREET ADDRESS	7236 Merrill Rd.	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **8/08/00** **904-743-0540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)