

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
 02-14-2002 90048 050 ***150.00

DOCUMENT # V04526

1. Entity Name
LOTUS, INC.

Principal Place of Business
C/O PRAFUL PATEL
2800 N. MONROE STREET
TALLAHASSEE FL

Mailing Address
C/O PRAFUL PATEL
2800 N. MONROE STREET
TALLAHASSEE FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3112108**

Applied For

Not Applicable

Zip **32303-3635**

Country

Zip **32303-3635**

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

CHAUHAN, PRAVIN
333 MIRACLE STRIP PKWY. S.W.
FORT WALTON BEACH FL 32548

Name

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

39 SCENIC GULF DRIVE

City **DESTIN**

FL

Zip Code **32550**

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 **RETE PATEL, GM**

1/29/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	CHAUHAN, PRAVIN	
STREET ADDRESS	33 MIRACLE STRIP PKY. SW	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, PRAFUL	
STREET ADDRESS	2800 N. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGLA, MALTI	
STREET ADDRESS	9409 RENWOOD CIR.	
CITY-ST-ZIP	KNOXVILLE TN	
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		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	39 SCENIC GULF DR	
STREET ADDRESS	DESTIN, FL 32550	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLAHASSEE FL 32303	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	804 LINDENHALL CIRCLE	
STREET ADDRESS	KNOXVILLE, TN 37922	
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: **RETE PATEL, GM**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 **850-385-0136**
 Date Daytime Phone #

CR2E034 (9/01)