2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000007665

1. Entity Name

SRI AYYAPPA SOCIETY OF TAMPA, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90129 035 ****61.25

Suite, Apt. 4, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. Chy & State Chy & State Chy & State A, FEI Number 59-3882469 Not Applied For Additional Fee Paguired Type Country S. Certificate of Status Desired \$8.75 Additional Fee Paguired April Name Additional of Country S. Certificate of Status Desired \$8.75 Additional Fee Paguired Santh Additional of Country S. Certificate of Status Desired \$8.75 Additional Fee Paguired Santh Additional of Country S. Certificate of Status Desired \$8.75 Additional Fee Paguired Santh Additional of Country S. Certificate of Status Desired \$8.75 Additional Fee Paguired Santh Additional of Country S. Certificate of Status Desired \$8.75 Additional Fee Paguired Santh Additional of Country S. Certificate of Status Desired \$8.75 Additional Fee Paguired Santh Additional of Country S. Certificate of Status Desired Santh Additional of Country Santh Additional of C	rincipal Place of 151 JEFFREY LADE CITY FL 33	ANE	Mailing Addre 12151 JEFFREY DADE CITY FL	LANE		1 10041101 017 0031	Daasa*T			
City & State Country Country Country St. Certificate of Status Desired Status Desired Street Address of New Registered Apent Name RADHAKASHNAN, DR. 17. Name and Address of New Registered Apent Street Address (PO Box Number is Not Acceptable) City FL Zip Code FL Zip C	. Principal Pla	ce of Business	3. Mailing Add	dress			<u> </u>	II) II III IIII IIII		
State Cry &	Suite, Apt. #	, etc.	Suite, Apt. #, etc.							
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Tracet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. The above named entity submitte this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable in exhibition of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in exhibition of registered agent and the displicable propose of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in exhibition of registered agent and the displicable propose of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Or both, in the State of Florida. In the Name and Address of Place A	City & State		City & Sta	te		4. FEI Number 59 -	3682469			
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The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and access the obligations of registered agent. City					<u> </u>					
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increase certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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 617, 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: