

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008152

FILED
May 05, 2003
Secretary of State

Entity Name: HINDU TEMPLE OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

563 PECK AVENUE
FORT MYERS, FL 33919

New Principal Place of Business:

563 PECK AVENUE
FORT MYERS, FL 33919 US

Current Mailing Address:

563 PECK AVENUE
FORT MYERS, FL 33919

New Mailing Address:

563 PECK AVENUE
FORT MYERS, FL 33919 US

FEI Number: 05-0536510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANDUR, MALLIKA
563 PECK AVENUE
FORT MYERS, FL 33919

Name and Address of New Registered Agent:

NANDUR, MALLIKA
563 PECK AVENUE
FORT MYERS, FL 33919 US

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:

05/05/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: DEVACAANTHAN, K
Address: 10080 MAGNOLIA POINTE
City-St-Zip: FORT MYERS, FL 33919 US

Title: D () Change (X) Addition
Name: RAJENDRA, LATHA
Address: 108 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: T () Change (X) Addition
Name: SWAMI, SANMUKH
Address: 17761 SAN CARLOS BLVD
City-St-Zip: FORT MYERS, FL 33931 US

Title: S () Change (X) Addition
Name: NANDUR, MALLIKA
Address: 563 PECK AVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: D () Change (X) Addition
Name: KRISHNAN, LAKSHMI
Address: 10090 MAGNOLIA POINTE
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALLIKA NANDUR

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05/05/2003

Electronic Signature of Signing Officer or Director

Date