

02-27-2003 90126 041 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000100081

1. Entity Name
RUSHI SYSTEMS INC.



Principal Place of Business
**25 N BELCHER RD
 SUITE K-200
 CLEARWATER FL 33765**

Mailing Address
**25 N BELCHER RD
 SUITE K-200
 CLEARWATER FL 33765**

90037808



2. Principal Place of Business
2701 E. GRAND RESERVE CIR

3. Mailing Address

Suite, Apt. #, etc.
#1521

Suite, Apt. #, etc.
P.O. Box 4667

CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number **59-3676651**

Applied For
 Not Applicable

Zip Country
33759 USA

Zip Country
33758 USA

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

**CHEREDDY, RAMAMOHAN
 25 N BELCHER RD
 SUITE K-200
 CLEARWATER FL 33765**

Name **RAMAMOHAN CHEREDDY**

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

2701 E. GRAND RESERVE CIR #1521

City **CLEARWATER** FL Zip Code **33759**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ram*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/15/2003
 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

B. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	CHEREDDY, RAMAMOHAN	
STREET ADDRESS	25 N. BELCHER RD., SUITE K-200	
CITY-ST-ZIP	CLEARWATER FL 33765	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMAMOHAN CHEREDDY	
STREET ADDRESS	2701 E. GRAND RESERVE CIR. #1521	
CITY-ST-ZIP	CLEARWATER, FL 33759	
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		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ram* **RAMAMOHAN CHEREDDY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2003
 Date

727.421.0882
 Daytime Phone #