2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000094977

City-St-Zip:

Entity Name: SHRI ENTERPRISES, INC.

FILED Apr 09, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5544 SUNNYVALE RD NORTHPORT, FL 34288 **Current Mailing Address: New Mailing Address:** 5544 SUNNYVALE RD NORTHPORT, FL 34288 FEI Number: 56-2290896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'CONNOR & ASSOCIATES 2240 BELLEAIR RD., STE. 160 CLEARWATER, FL 33764 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DEVAGUPTAPU, RAVI V Name: Name: 5544 SUNNYVALE RD. Address: Address: City-St-Zip: NORTHPORT, FL 34288 City-St-Zip: Title: () Delete Title: () Change (X) Addition DEVAGUPTAPU, PALLAVI R Name: Name: Address: Address: 5544 SUNNYVALE RD.

City-St-Zip:

NORTHPORT, FL 34288

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAVI DEVAGUPTAPU P 04/09/2003