2002 Uniform Business Report (UBR)

Mar 15, 2002 8:00 am § DOCUMENT # P95000007379 **Secretary of State** 1. Entity Name 03-15-2002 90014 010 ***158.75 BP CONSULTING GROUP, INC. Principal Place of Business Mailing Address 6220 S. ORANGE BLOSSOM TRAIL 6220 S. ORANGE BLOSSOM TRAIL SUITE 110 SUITE 110 ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3289212 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANIGRAHI, BIJAY K Street Address (P.O. Box Number is Not Acceptable) 206 WHITE MARSH CIRCLE ORLANDO FL 32824 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) **PTSD** Change ☐ Addition TITLE ☐ Delete NAME PANIGRAHI, BIJAY K NAME 206 WHITE MARSH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE Change Addition PANIGRAHI, SUCHITRA NAME STREET ADDRESS STREET ADDRESS 206 WHITE MARSH CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 TITLE ☐ Delete TITLE ☐ Change Addition NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

BLIAY K. PANIGRAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

SIGNATURE:

407-851-5020