2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000085921

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32224

() Delete

Entity Name: PANJWANI ENTERPRISES INC

FILED Jan 05, 2003 Secretary of State

y		WINDERFELL TO	201140.						
Current Principal Place of Business:				New Principal Place of Business:					
632 BEAC JACKSON	H BLVD. VILLE BEACH	H, FL 32250		632 BEACI JACKSON		CH, FL 32250	US		
Current M	lailing Addre	ss:		New Maili	ng Addres:	s:			
4325 AMBERBROCK CT JACKSONVILLE, FL 32224				4325 AMBERBROCK CT JACKSONVILLE, FL 32224 US					
FEI Number	: 59-3345983	FEI Number Ap	plied For()	FEI Number Not Appl	icable ()	Certificate of	Status Desired ()		
Name and	Address of	Current Registe	red Agent:	Name and	Address o	f New Register	ed Agent:		
4325 AMB	NI, NIRANJAN ERBROOK C' VILLE, FL 32	Γ							
	named entity of Florida.	submits this stat	ement for the pu	rpose of changing i	ts registere	d office or regist	ered agent, or both	١,	
SIGNATUR	RE:								
	Electro	nic Signature of I	Registered Agen	t	Date				
	npaign Financir S AND DIREC	g Trust Fund Cont	ribution ().	ADDITION	S/CHANGI	ES TO OFFICE	RS AND DIRECTO	RS	
Title: Name: Address: City-St-Zip:	P (PANJWANI, NI 4325 AMBERE JACKSONVILL	ROOK CT		Title: Name: Address: City-St-Zip:	4325 AMBE	(X) Change () Ad NIRANJAN K RBROOK CT ILLE, FL 32224 US			
Title: Name: Address: City-St-Zip:	V (PANJWANI, M 4325 AMBERE JACKSONVILL	ROOK CT		Title: Name: Address: City-St-Zip:		(X) Change () Ad MAYA RBROOK CT ILLE, FL 32224 US			
Title: Name: Address:	ST (ARORA, MONI 4325 AMBERE			Title: Name: Address:	ST ARORA, MC 9027 HAMP	(X) Change () Ad NICA TON LANDING DR			

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32256 US

9027 HAMPTON LANDING DR E

JACKSONVILLE, FL 32256 US

ARORA, INDÈR P

() Change (X) Addition

SIGNATURE: MONICA ARORA ST 01/05/2003