2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

F01000003248 DOCUMENT



FILED

Mar 03, 2003 8:00 am Secretary of State 1. Entity Name 03-03-2003 90416 016 ***150.00 BHATIA HOLDINGS, INC. Principal Place of Business Mailing Address 7101 ATCO DRIVE 7101 ATCO DRIVE FORT WORTH TX 76118 FORT WORTH TX 76118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 75-2833833 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BHATIA, RAMESH Street Address (P.O. Box Number is Not Acceptable) 2407 WILLIAMETTE DRIVE PLANT CITY FL 33566 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME BHATIA, RAMESH NAME STREET ADDRESS 7101 ATCO DRIVE STREET ADDRESS CITY-ST-ZIP FORT WORTH TX 76118 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME JOHNSON, SUE NAME STREET ADDRESS 7101 ATCO DRIVE STREET ADDRESS CITY-ST-ZIP FORT WORTH TX 76118 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 officer in the empowered.

CITY-ST-ZIP

SIGNATURE: RAMESHELLETIAUKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR