

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002211

1. Entity Name
PROFICIENT BUSINESS SYSTEMS, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90031 033 ***150.00

Principal Place of Business
10 W PHILLIP RD
SUITE 101
VERNON HILLS IL 60061
US

Mailing Address
10 W PHILLIP RD
SUITE 101
VERNON HILLS IL 60061
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3984423**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000

7. Name and Address of New Registered Agent

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

City **FL** 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KATHURIA NEERU**
STREET ADDRESS **105 ANNE COURT**
CITY-ST-ZIP **VERNON HILLS IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **KATHURIA ASHISH**
STREET ADDRESS **105 ANNE COURT**
CITY-ST-ZIP **VERNON HILLS IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **VARSHNEY, RATISH**
STREET ADDRESS **365 ASHWOOD CT**
CITY-ST-ZIP **VERNON HILLS IL 60061**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1029 STOCKTON CT**
CITY-ST-ZIP **VERNON HILLS IL 60061**

TITLE **C** ☐ Delete
NAME **VARSHNEY, SADHNA**
STREET ADDRESS **365 ASHWOOD CT**
CITY-ST-ZIP **VERNON HILLS IL 60061**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1029 STOCKTON CT**
CITY-ST-ZIP **VERNON HILLS IL 60061**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **Ratish Varshney (RATISH VARSHNEY)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-02-2001** Daytime Phone # **(847) 247-8470**
XEN-11

CR2E034 (10/00)