

AMENDED 2002 UNIFORM BUSINESS REPORT

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # F98000002158

1. Entity Name

PA GROUP, INC.

02 JUL 18 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2797 ST. ANDREWS BLVD.

Suite, Apt. #, etc.

3. Mailing Address

2797 ST. ANDREWS BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TARPON SPRINGS, FL 34688

City & State

TARPON SPRINGS, FL 34688

Zip

Country

Zip

Country

4. FEI Number

23-2957607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ALAN S. GASSMAN, ESQ.

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

1245 COURT STREET SUITE 102

City

CLEARWATER

FL

Zip Code

33756

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

*Naresh Jain*

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

(NOTE: Registered Agent signature required when reinstating)

6-28-02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NARESH C. JAIN P/D/S/T  
2797 ST. ANDREWS BLVD.  
TARPON SPRINGS, FL 34688

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8000006663149  
-07/25/02--01048--009  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BINA JAIN VP/D  
2797 ST. ANDREWS BLVD.  
TARPON SPRINGS, FL 34688

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Naresh Jain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NARESH JAIN

PRESIDENT

5-28-02 (727) 847-2847

Date

Daytime Phone #

CR2E034B (7/2/01)