

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

05-28-2003 90117 042 \*\*\*150.00

DOCUMENT # F98000006152

1. Entity Name  
SUDHAKAR COMPANY, INC.



Principal Place of Business  
~~7150 N. PARK DRIVE~~  
~~SUITE 300~~  
PENNSAUKEN PA 08109

Mailing Address  
~~7150 N. PARK DRIVE~~  
~~SUITE 300~~  
PENNSAUKEN PA 08109

2. Principal Place of Business  
1450 N. FITZGERALD AV  
Suite, Apt. #, etc.

3. Mailing Address  
1450 N. FITZGERALD AV  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
RIALTO, CA

City & State  
RIALTO, CA

4. FEI Number 23-2836197

Applied For  
Not Applicable

Zip 92376

Country USA

Zip 92376

Country USA

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLING, RON  
1292 BAYPORT AVE  
MARCO ISLAND FL 34145

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. 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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PST  
STREET ADDRESS SUDHAKAR, ASH  
CITY-ST-ZIP 7150 N. PARK DRIVE  
PENNSAUKEN PA 08109 ☐ Delete

TITLE  
NAME PST  
STREET ADDRESS SUDHAKAR, ASH  
CITY-ST-ZIP 1450 N. FITZGERALD AV  
RIALTO, CA, 92376 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 other like empowered.

SIGNATURE:

SUDHAKAR COMPANY, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

856.287.5482

Daytime Phone #

CR2E034 (10/02)