

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G77244

1. Entity Name

SIRDAR HOLDING COMPANY, INC.

Principal Place of Business

1135 PEACH TREE DR
LAKE PLACID FL 33852

Mailing Address

401 DAL HALL BLVD
LAKE PLACID FL 33852

2. Principal Place of Business

265 Saddleworth Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Heathrow, Florida

City & State

4. FEI Number 59-2381074

Applied For

Not Applicable

Zip 32746

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEEHAN, J. TIMOTHY
325 CENTRAL AVE.
LAKE PLACID FL 33852

Name
J. TIMOTHY SHEEHAN

Street Address (P.O. Box Number is Not Acceptable)
401 Dal Hall Boulevard

City Lake Placid

FL

Zip Code 33852

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 of person printing name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/01

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	DP	<input type="checkbox"/> Delete
NAME	BHULLAR, K S	
STREET ADDRESS	325 CENTRAL AVE.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BHULLAR, A S	
STREET ADDRESS	325 CENTRAL AVE.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEEHAN, J. TIMOTHY	
STREET ADDRESS	325 CENTRAL AVE.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHULLAR, K. S.	
STREET ADDRESS	% 401 Dal Hall Boulevard	
CITY-ST-ZIP	Lake Placid, Florida 33852	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHULLAR, A.S.	
STREET ADDRESS	% 401 Dal Hall Boulevard	
CITY-ST-ZIP	Lake Placid, Florida 33852	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, J. TIMOTHY	
STREET ADDRESS	401 Dal Hall Boulevard	
CITY-ST-ZIP	Lake Placid, Florida 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

J. Timothy Sheehan
J. TIMOTHY SHEEHAN

1/9/01

(863) 465-1551

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90038 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)