

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90560 040 ***158.75

DOCUMENT # L44029

1. Entity Name
PARK SQUARE BRISTOL, INC.

Principal Place of Business
5401 KIRKMAN ROAD
SUITE 525
ORLANDO FL 32819

Mailing Address
5401 KIRKMAN ROAD
SUITE 525
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5200 Vineland Rd

3. Mailing Address
5200 Vineland Rd

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number **59-2986446** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GUPTA, SURESH
5401 KIRKMAN ROAD
SUITE 525
ORLANDO FL 32819

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5200 Vineland Rd
Suite 200
 City **Orlando** FL Zip Code **32811**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DSV GUPTA, SURESH K. 5401 KIRKMAN RD. STE. 525 ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5200 Vineland Rd Ste 200 Orlando FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESHPANDE, ANIL 5401 KIRKMAN RD. STE. 525 ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5200 Vineland Rd Ste 200 Orlando FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGGARWAL, AVANISH 5401 KIRKMAN RD. STE. 525 ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5200 Vineland Rd Ste 200 Orlando FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDC AGGARWAL, BRAHAM R. 5401 KIRKMAN RD. STE. 525 ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5200 Vineland Rd Ste 200 Orlando FL 32811
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **1 May 02** **407-529-3000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)