

2001 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 25, 2001 8:00 am
Secretary of State

04-26-2001 90255 004 ****61.25

DOCUMENT # N98000003658

1. Entity Name

GOVINDA MISSION, INC.

Principal Place of Business

Mailing Address

9473 WICKHAM WAY
 ORLANDO FL 32836
 US

9473 WICKHAM WAY
 ORLANDO FL 32836

2. Principal Place of Business

5009 MANOR OAKS CT

3. Mailing Address

5009 MANOR OAKS CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EXPORT, PA

City & State

EXPORT, PA

4. FEI Number

59-3524193

Applied For

Not Applicable

Zip

15632

Country

USA

Zip

15632

Country

USA

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

6. Name and Address of Current Registered Agent

REDDY, SUBBA K
 9473 WICKHAM WAY
 ORLANDO FL 32836

**118 EAST JEFFERSON ST
 ORLANDO, FL 32801
 5009 MANOR OAKS CT
 EXPORT, PA 15632**

7. Name and Address of New Registered Agent

Name **WADE F. JOHNSON JR**

Street Address (P.O. Box Number is Not Acceptable)
118 E. JEFFERSON ST.

City

ORLANDO

FL

Zip Code

32801

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

Trade L. Johnson

WADE F. JOHNSON JR.

5/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REDDY, SUBBA K	
STREET ADDRESS	9473 WICKHAM WAY 5009 MANOR OAKS CT	
CITY-ST-ZIP	ORLANDO FL 32836 EXPORT, PA 15632	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDY, LAKSHMI K	
STREET ADDRESS	9473 WICKHAM WAY 5009 MANOR OAKS CT	
CITY-ST-ZIP	ORLANDO FL 32836 EXPORT, PA 15632	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDY, RANGA N	
STREET ADDRESS	9473 WICKHAM WAY 5009 MANOR OAKS CT	
CITY-ST-ZIP	ORLANDO FL 32836 EXPORT, PA 15632	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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 617, 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:

Subba K. Reddy (SUBBA K. REDDY)
 PRESIDENT

4-16-01

724-733-8702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)