

1/22/01-

FILED

Feb 15, 2001 8:00 am
Secretary of State

01-22-2001 90098 002 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005209

1. Entity Name

DEPAK AND ASSOCIATES REALTY P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 851
WINDERMERE FL 34786-0851

Mailing Address

P.O. BOX 851
WINDERMERE FL 34786-0851

2. Principal Place of Business

8548 Bowden Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip
34786

Country

Zip

Country

4. FEE Number

59-36-19079

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

SEEGOLAM, MADHUDRI S
744 CITRUS COVE DR.
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. 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	PVS	<input type="checkbox"/> Delete
NAME	SEEGOLAM, MADHUDRI S	
STREET ADDRESS	P.O. BOX 851	
CITY-ST-ZIP	WINDERMERE FL 34786-0851	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SEEGOLAM, MADHUDRI S	
STREET ADDRESS	P.O. BOX 851	
CITY-ST-ZIP	WINDERMERE FL 34786-0851	

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Owner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seegolam Madhudri S	
STREET ADDRESS	8548 Bowden Way	
CITY-ST-ZIP	WINDERMERE, FL 34786	

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 407-876-0800

Date

Daytime Phone #

CR20034 (10/00)