

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT #	P00000014597
1. Entity Name	

VKG, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 134 Habersham Dr.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Longwood, FL		City & State	
Zip 32779	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3623719		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Gulati, Vijay K	
Street Address (P.O. Box Number is Not Acceptable) 134 Habersham Drive	
City Longwood	Zip Code 32719

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 reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gulati, Vijay Kumar 134 Habersham Dr. Longwood, FL 32779
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/12/04 321 363 6344

Daytime Phone #