

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023018

1. Entity Name  
**DHANALAKSHMI INC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 13 PM 2:59

Principal Place of Business  
2550 W ST RD # 434  
LONGWOOD, FL 32779

Mailing Address  
2550 W ST RD # 434  
LONGWOOD, FL 32779

2. Principal Place of Business

**JAYSHRI J. JOSHI**  
Suite, Apt. #, etc.

**275 JOHN KNOX ROAD**  
City & State

**U 106 TALLAHASSEE, FL TALLAHASSEE FL**

Zip  
**32303**

Country

3. Mailing Address

**275 JOHN KNOX ROAD**  
Suite, Apt. #, etc.

**U 106**  
City & State

**TALLAHASSEE FL**

Zip

**32303**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3626855**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOSHI, JAGDISH**  
2550 W ST RD # 434  
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**275 JOHN KNOX ROAD**

**APT U 106**

City

**TALLAHASSEE**

**FL**

Zip Code

**32303**

B. 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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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 **PTD** ☒ Delete  
NAME **JOSHI, JAGDISH**  
STREET ADDRESS **2550 W STATE ROAD # 434**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition  
NAME **JOSHI JAYSHRI J**  
STREET ADDRESS **275 JOHN KNOX RD APT U106**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **V** ☐ Change ☐ Addition  
NAME **JOSHI JAGADISH**  
STREET ADDRESS **275 JOHN KNOX RD APT U 106**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800013264068**  
**02/28/03--01015--013 \*\*158.75**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(1), 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 Block 11 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

**2/13/03 850 386 2128**  
Date Daytime Phone #

CR2E034 (10/02)