## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

KISSIMMEE FL 34741

Suite, Apt. #, etc.

City & State

Zip

**SIGNATURE** 

2. Principal Place of Business

1. 1. 1. 1. 1. SHIPLEY, C. GENE ESQ.

ORLANDO FL 32801

315 E. ROBINSON STREET SUITE 600



P00000035058 DOCUMENT # 1. Entity Name WADKAR ENTERPRISES, INC. Principal Place of Business Mailing Address 3831 W. VINE STREET 3831 W. VINE STREET SUITE 65 SUITE 65

KISSIMMEE FL 34741

3. Mailing Address

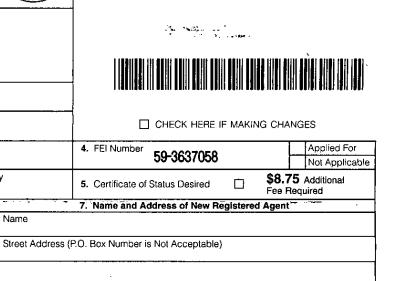
City & State

Zip

Suite, Apt. #, etc.

FILED Apr 07, 2003 8:00 am § Secretary of State

04-07-2003 90750 025 \*\*\*150.00



8.	8. The above named entity submits this statement for the purpose of changing its registered	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
	the obligations of registered agent.	
	- α -	

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State

ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE

Country

6. Name and Address of Current Registered Agent

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME WADKAR, PRABHAKAR S NAME STREET ADDRESS 3831 W. VINE STREET SUITE 65 STREET ADDRESS CITY-ST-ZIP **KISSIMMEE FL 34741** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME WADKAR, FRANCES A NAME STREET ADDRESS STREET ADDRESS 3831 W. VINE STREET SUITE 65 CITY-ST-ZIF CITY-ST-ZIP KISSIMMEE FL 34741 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with an other like empowered.

Daytime Phone #