

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State
 02-27-2001 90302 007 ***150.00

0035978

DOCUMENT # P00000045963

1. Entity Name
ROORKEE SYSTEMS, INC.

Principal Place of Business
612 COLONIAL DRIVE APT 11
FORT 3WALTON BEACH FL 32547

Mailing Address
612 COLONIAL DRIVE APT 11
FORT 3WALTON BEACH FL 32547

2. Principal Place of Business
73 7TH AVENUE

3. Mailing Address
P.O. Box 218

Suite, Apt. #, etc.

City & State
SHALIMAR FL

City & State
SHALIMAR FL

Zip
32579

Country
USA

Zip
32579-0218

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3642241

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAMMULA, KRISHNA K
612 COLONIAL DRIVE APT 11
FORT 3WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name
STEVEN BRET HELTON

Street Address (P.O. Box Number is Not Acceptable)
73 7TH AVENUE

City
SHALIMAR

FL Zip Code
32579

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 **STEVEN BRET HELTON, Director** **12 FEB 2001**
 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 State

10. 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 NAME STREET ADDRESS CITY-ST-ZIP	D JAMMULA, KRISHNA K 612 COLONIAL DRIVE APT 11 FORT 3WALTON BEACH FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Krishna K Jammula 73 7th Avenue Shalimar, FL 32579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven Bret Helton 73 7th Avenue Shalimar, FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **STEVEN B. HELTON** **12 FEB 2001** **850.651.1390**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)