2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P00000056277

1. Entity Name SADASHIV, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90658 044 ***150.00

Principal Place of Business 744 SCOTT LAKE VILLAGE NORTH LAKELAND FL 33813		Mailing Address 744 SCOTT LAKE VILLAGE NORTH LAKELAND FL 33813		A SECULORS AND ECONO CONTROL C
2. Principal	Place of Business	3. Mailing Address		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	,	☐ CHECK HERE IF MAKING CHANGES
City & St	ate	City & State		4. FEI Number 59-3650226 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current F	legistered Agent	· ' 	Fee Required
PATEL, ASHWINKUMAR H			Name	7. Name and Address of New Registered Agent
744 SCOTT LAKE VILLAGE NORTH LAKELAND FL 33813			Stree	t Address (P.O. Box Number is Not Acceptable)
DANCEDAN	ID 1 L 33013		City	
9 The share			1 .	FL Zip Code
		the purpose of changing its	registered office	or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOT)	E: Registered Agent sign	nature required when reinstating) DATE
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	- 1		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D	RECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PATEL, ASHWINKUMAR H 744 SCOTT LAKE VILLAGE NORTH LAKELAND FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the same of th	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	☐ Change ☐ Addition

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 if

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EL 1-12-03

863-984-0842

Dayt