

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90086 012 \*\*\*150.00

**DOCUMENT # P00000074683**

1. Entity Name  
**VERTICAL HORIZON TECHNOLOGY INC.**



Principal Place of Business  
**261 NE 38 ST., APT. #D101  
FT. LAUDERDALE FL 33334**

Mailing Address  
**261 NE 38 ST., APT. #D101  
FT. LAUDERDALE FL 33334**



2. Principal Place of Business

**7575 NW 71 TER**

Suite, Apt. #, etc.

3. Mailing Address

**7575 NW 71 TER**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**PARKLAND, FL**

City & State

**PARKLAND, FL**

4. FEI Number **65-1054583**

Applied For

Not Applicable

Zip

**33067**

Country

**USA**

Zip

**33067**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GANEDIWAL, SHRINIWAS  
261 NE 38 ST., APT. #D101  
FT. LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name  
**GANEDIWAL, SHRINIWAS**

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

**7575 NW 71 TER**

**PARKLAND**

City

**FL**

Zip Code

**33067**

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 Shrinivas GANEDIWAL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/07/02

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GANEDIWAL, SHRINIWAS  
261 NE 38 ST., APT. #D101  
FT. LAUDERDALE FL 33334** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**7575 NW 71 TER  
PARKLAND, FL-33067**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHRINIWAS GANEDIWAL 1/07/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)