

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90042 039 ***150.00

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1. Entity Name
VADR, INC.



Principal Place of Business
2400 FEATHER SUND DRIVE, APT. #1211
CLEARWATER FL 33762

Mailing Address
1757 PUTNEY CIRCLE
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State

Zip
32837

Country

Zip

Country

4. FEI Number 59-3669142

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARLAR, ANJU
2400 FEATHER SUND DRIVE, APT. #1211
CLEARWATER FL 33762

Name DEEN RAMSAMOOT
Street Address (P.O. Box Number is Not Acceptable)
1757 PUTNEY CIR
City Orlando FL Zip Code 32837

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RAMSAMOOJ, VIDYA A
STREET ADDRESS 2400 FEATHER SUND DRIVE, APT. #1211
CITY-ST-ZIP CLEARWATER FL 33762

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RAMSAMOOJ, BERNICE
STREET ADDRESS 1757 PUTNEY CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RAMSAMOOJ, DEEN
STREET ADDRESS 1757 PUTNEY CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

407-858-0656

Daytime Phone #

CR2E034 (10/02)