

**2002 UNIFORM BUSINESS REPORT (UBR)**

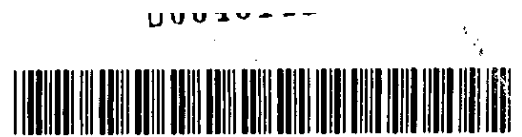
**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90159 010 \*\*\*150.00

UNIFORM BUSINESS REPORT

**DOCUMENT #** P00000085922  
**1. Entity Name**  
**SANTOSHA, INC.**

**Principal Place of Business**      **Mailing Address**  
 4024 S. PENINSULA DR.      4024 S. PENINSULA DR.  
 WILBUR BY THE SEA FL 32127      WILBUR BY THE SEA FL 32127



**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 969 HALL PARK DR.

DO NOT WRITE IN THIS SPACE

**City & State**      **City & State**  
 PA      GREEN COVE SPRINGS, FL  
**Zip**      **Country**      **Zip**      **Country**  
 32043      CLAY

**4. FEI Number** 59-3677760      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 VARNI, ANDREW S  
 4024 S. PENINSULA DR.  
 WILBUR BY THE SEA FL 32127

**7. Name and Address of New Registered Agent**  
**Name** WALKER & FAIRBANKS P.A.  
**Street Address (P.O. Box Number is Not Acceptable)** 217 POINTE VEDRA DR.  
 BLDG. 100 SUITE 200  
**City** POINTE VEDRA BEACH FL      **Zip Code** 32082

**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** *Peter Theis*      PETER THEIS      3-12-02  
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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARNI, ANDREW S 4024 S. PENINSULA DR. WILBUR BY THE SEA FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THEIS, PETER 969 HALL PARK DR. GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:** *Peter Theis*      3-12-02      904 284 8132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)