



**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0000090851</b> 1. Entity Name <b>SUVERA, INC.</b>		
Principal Place of Business 9838 OLD BAYMEADOWS ROAD STE 289 JACKSONVILLE, FL 32256		Mailing Address ONE INDEPENDENT DR. STE 2000 JACKSONVILLE, FL 32202
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>9838 OLD BAYMEADOWS Rd.</b> Suite, Apt. #, etc. <b>STE 289</b>
City & State <b>JACKSONVILLE FL</b>		4. FEI Number <b>59-3674284</b>
Zip <b>32256</b>	Country <b>USA</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Deered <input checked="" type="checkbox"/> \$6.75 Additional Fee Required		<p style="font-size: 24px; font-weight: bold;">11029415</p>  <p style="text-align: center;"><input type="checkbox"/> CHECK HERE IF MAKING CHANGES</p>
6. Name and Address of Current Registered Agent <b>SCOTT DRAUGHON, RICHARD</b> <b>ONE INDEPENDENT DR, STE 2000</b> <b>JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		CR2003 (10/02)
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SRINIVAS, RAJESH 9838 OLD BAYMEADOWS ROAD STE 289 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>Rajesh</u> <b>RAJESH SRINIVAS</b>		Date: <b>4/28/03</b> (904) 233 3256