

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 91095 017 ***150.00

DOCUMENT # P00000095251

1. Entity Name

SEPTAVISION TECHNOLOGIES INC.

Principal Place of Business

**2549 GRASSY POINT DRIVE #105
LAKE MARY FL 32746**

Mailing Address

**2549 GRASSY POINT DRIVE #105
LAKE MARY FL 32746**

2. Principal Place of Business

1615 CHERRY BLOSSOM TERRACE
Suite, Apt. #, etc.

3. Mailing Address

1615 CHERRY BLOSSOM TERRACE
Suite, Apt. #, etc.

City & State

HEATHROW, FL

City & State

HEATHROW, FL

4. FEI Number

59-3683919

Applied For

☐ Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

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

City

FL

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VONGURU, VIJAY**
STREET ADDRESS **2549 GRASSY POINT DRIVE #105**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☒ Change ☐ Addition
NAME **VONGURU, VIJAY**
STREET ADDRESS **1584, SHADOWMOSS CIRCLE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☐ Delete
NAME **RANJAN, DEVESH**
STREET ADDRESS **2549 GRASSY POINT DRIVE #105**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☒ Change ☐ Addition
NAME **RANJAN, DEVESH**
STREET ADDRESS **151, S BISHOPS AVENUE #C5**
CITY-ST-ZIP **SECANE, PA 19018**

TITLE **D** ☐ Delete
NAME **NAGABUSHNAM, RAMESH**
STREET ADDRESS **727 SUGAR BAY WAY #101**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☒ Change ☐ Addition
NAME **NAGABUSHNAM, RAMESH**
STREET ADDRESS **1543, CHERRY BLOSSOM TERRACE**
CITY-ST-ZIP **HEATHROW, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **KAPUR, NAVIN**
STREET ADDRESS **1615, CHERRY BLOSSOM TERRACE**
CITY-ST-ZIP **HEATHROW, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **PRASAD, AJAY M.R.**
STREET ADDRESS **2508 GRASSY POINT DRIVE #106**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIJAY VONGURU

Date

4/11/01

Daytime Phone #

407-333-8003

CR2E034 (10/00)