

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

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90065 016 \*\*\*150.00

DOCUMENT # P00000095251

1. Entity Name

SEPTAVISION TECHNOLOGIES INC. ✓

**DO NOT WRITE IN THIS SPACE**

93112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1615 CHERRY BLOSSOM TER.</u> Suite, Apt. #, etc.		3. Mailing Address <u>1615 CHERRY BLOSSOM TER.</u> Suite, Apt. #, etc.	
City & State <u>HEATHROW, FL</u>	City & State <u>HEATHROW, FL</u>	4. FEI Number <u>59-3683919</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32746</u>	Country <u>U.S.A.</u>	Zip <u>32746</u>	Country <u>U.S.A.</u>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET  
City TALLAHASSEE FL Zip Code 32301

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 James Dawson, ASST. U.P.  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

6/3/02  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>DIRECTOR</u> <u>VONGURU, VITAY</u> <u>1584 SHADOWMOSS CIRCLE</u> <u>LAKE MARY, FL 32746</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>RANJAN, DEVESH</u> <u>1515 BISHOPS AV #C5</u> <u>SECANE, PA 19018</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>NAGABUSHNAM, RAMESH</u> <u>1543 CHERRY BLOSSOM TER.</u> <u>HEATHROW, FL 32746</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>PRASAD, AJAY</u> <u>2508 GRASSY POINT DR. #106</u> <u>LAKE MARY, FL 32746</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>KAPUR, NAVIN</u> <u>1615 CHERRY BLOSSOM TER.</u> <u>HEATHROW, FL 32746</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Dawson (VITAY VONGURU)

5/30/02

(407)333-8003

Date

Daytime Phone #