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Jul 09, 2002 8:00 am
Secretary of State
04-01-2002 90067 004 ***150.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030853

1. Entity Name
C S R D, INC.

Principal Place of Business	Mailing Address
5463 GRAND BLVD. NEW PORT RICHEY FL 34652-4008	5463 GRAND BLVD. NEW PORT RICHEY FL 34652-4008

35 2162 [redacted]

DO NOT WRITE IN THIS SPACE 35-2162282

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI 35-2162282 ☐ Applied For ☐ Not Applicable

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
PATEL, PUSHPAK M 305 PROVIDENCE RD., #109 BRANDON FL 33511	Name VISHNU G PATEL Street Address (P.O. Box Number Is Not Acceptable) 5463 Grand Blvd City New Port Richey FL 34652 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PATEL, PUSHPAK M 305 PROVIDENCE RD., #109 BRANDON FL 33511 ☑ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PATEL, BABUBHAI P 5463 GRAND BLVD. NEW PORT RICHEY FL 34652-4008 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PATEL, VISHNUKUMAR 5463 GRAND BLVD. NEW PORT RICHEY FL 34652-4008 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: [signature] SIGNATURE REQUIRED 3/21/02 727-849-9726

Signature and typed or printed name of signing officer or director / Date / Daytime Phone #

CR2E034 (8/01)