2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P0100058162 1. Entity Name LIDDAR INTERNATIONAL, INC. | | | | | | Secretary of State 02-28-2002 90044 049 ***150.00 | | | |
|---|--|---|------------------------|--|----------------------------|--|---------------------------|----------------------------------|--|
| Principal Place of Business 266 WILSHIRE BLVD. SUITE 127 CASSELBERRY FL 32707 | | Mailing Address 266 WILSHIRE BLVD. SUITE 127 CASSELBERRY FL 32707 | | | | | | | |
| | | | • | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |) 100/1001 (\$1 00/D) (10/1 00/1/ 50/H 10/H | / EUIUI TIINI 1818† 11918 | 0111 0 110) 1 30 1 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | 4. | FEI Number | | plied For t Applicable | | |
| Zip Country | | Zip Count | | ту | 5. (| Certificate of Status Desired | \$8.75 Add | litional | |
| | 6. Name and Address of Current F | Registered Agent | | Name | 7. 1 | Name and Address of New Registe | ered Agent | | |
| KAUR, AJIT | | | | | | | | | |
| 266 WILSHIRE BLVD, SUITE 127 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| CASSELBERRY FL 32707 | | | | · | | | | | |
| | | | | City | | | FL Zip Code | 9 | |
| 8. The above | named entity submits this statement for | the purpose of changing its re | egistere | d office or re | gistered ag | gent, or both, in the State of Florida. | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent at | and tills if applicable. (NOTE: | Registered | Agent signature n | equired when re | einstating) | 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 After May 1, 2002 Fee Make Check Payable to D | | | | vill be \$550 | .00 | Election Campaign Financine Trust Fund Contribution. | + | O May Be to Fees | |
| 11. | OFFICERS AND D | <u> </u> | 12. | · | | DITIONS/CHANGES TO OFFICERS | AND DIRECTORS | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Kaur, ajit 266 Wilshire Blvd, suite 127 Casselberry Fl 32707 | ☐ Delete | | T ADDRESS ST-ZIP | | | Change | ☐ Addition | |
| TITLE | STD | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | LIDAR, BALWANT 266 WILSHIRE BLVD, SUITE 127 CASSELBERRY FL 32707 | • | | T ADDRESS ST-ZIP | | and the second second | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | • | ☐ Delete | | T ADDRESS ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | . Delete | | T ADDRESS ST-ZIP | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREE | T ADDRESS ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREE | T ADDRESS ST-ZIP | | | ☐ 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: