

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P01000065647

1. Entity Name

AMZUR INC

02-03



03 MAY 12 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000019847490  
05/23/03--01060--004 \*\*308.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2333 FEATHER SOUND DR.

3. Mailing Address

2333 FEATHER SOUND DR.

Suite, Apt. #, etc.

# 503

Suite, Apt. #, etc.

# 503-B

City &amp; State

CLEAR WATER, FLORIDA

City &amp; State

CLEAR WATER, FLORIDA

Zip

33762

Country

Zip

33762

Country

4. FEI Number

59-3728486

Applied For

Not Applicable

5. Certificate of Status Desired

\* ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RANI P NEMANI

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

2333 FEATHER SOUND DR. # 503-B

City

CLEAR WATER

FL

Zip Code

33762

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
NEMANI, RANI P  
2333 FEATHER SOUND DR. #503-B  
CLEAR WATER, FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
NEMANI, BALAKRISHNA M  
2333 FEATHER SOUND DR. # 503-B  
CLEAR WATER, FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/28/03 727-571-381

9/5/20