FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90135 008 ***155.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067162

1. Entity Name
WHETSTONE HOLDINGS INC

11010393

Principal Place of Business	Mailing Address
3101 MAGUIRE BLVD # 101 ORLANDO, FL 32803 US	3101 MAGUIRE BLVD # 101 ORLANDO, FL 32803 US
2. Principal Place of Business: 581 HIGHLAND AVE	3. Mailing Address: 581 HIGHLAND AV
Suite, Apt. #, etc.: 581	Suite, Apt. #, etc.: 581
City & State: CHESHIRE, CT	City & State: CHESHIRE, CT
Zip: 06410 Country: USA	Zip: 06410 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3742123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARWOOD, CHRIS
3101 MAGUIRE BLVD
101
ORLANDO, FL 32803

7. Name and Address of New Registered Agent
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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARMAR, JAGDISH 3101 MAGUIRE BLVD #101 ORLANDO, FL 32803	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAGDISH PARMAR 8 NOOHILL ROAD OXFORD, CT. 06478	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JAGDISH PARMAR 4/19/03 2037681052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #