

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90060 006 ***150.00

DOCUMENT # P01000069578

1. Entity Name
C.V.P.INC.



Principal Place of Business

4575 SUMMER FIELD #5
KIRKMAN ROD
ORLANDO FL 32811

Mailing Address

4575 SUMMER FIELD #5
KIRKMAN ROD
ORLANDO FL 32811



2. Principal Place of Business

14013 Fairway Island Dr
Suite, Apt. #, etc.

436

City & State

Orlando fl.

Zip

32837

Country

Orange

3. Mailing Address

14013 Fairway Island Dr
Suite, Apt. #, etc.

436

City & State

Orlando FL

Zip

32837

Country

Orange

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3730365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAGDA, POOJA P
4575 SUMMER FIELD #5
KIRKMAN ROAD
ORLANDO FL 32811

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

Pooja Zagda POOJA ZAGDA

1/21/03

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

TITLE PST
NAME ZAGDA, POOJA P
STREET ADDRESS 4575 SUMMER FIELD #5
CITY-ST-ZIP ORLANDO FL 32811

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Pooja Zagda POOJA ZAGDA 1/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407)-234-0703

CR2E034 (10/02)