

**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

1/21/03

(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 NAME STREET ADDRESS CITY-ST-ZIP	PST ZAGDA, POOJA P 4575 SUMMER FIELD #5 ORLANDO FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 DATE: 1/21/03 DAYTIME PHONE: (407)-234-0703

CR2E034 (10/02)