

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90415 041 ***158.75

DOCUMENT # P01000069969

1. Entity Name
ELEMENT 120, INC.

Principal Place of Business

**10400 MAGILLIGAN DRIVE
 BROOKSVILLE FL 34601**

Mailing Address

**PO BOX 882
 BROOKSVILLE FL 34605**

2. Principal Place of Business

711 HARVARD ST.

Suite, Apt. #, etc.

3. Mailing Address

711 HARVARD ST.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

34601

Country

U.S.A

City & State

BROOKSVILLE, FL

Zip

34601

Country

U.S.A

4. FEI Number

59-3747274

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARUMBAKAM, RAVI
 10400 MAGILLIGAN DRIVE
 BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name **ARUMBAKAM, RAVI**

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

711 HARVARD ST.

City

BROOKSVILLE

FL

Zip Code

34601

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
 NAME **RAVI ARUMBAKAM**
 STREET ADDRESS **711 HARVARD ST.**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 07, 2002 (301) 651-2880

Date

Daytime Phone #

CR2E034 (9/01)