

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-23-2002 90112 042 ***150.00

DOCUMENT # P01000078869

1. Entity Name
OVERNIGHT PATENT SERVICE CORPORATION

Principal Place of Business
1080 WOODCOCK RD STE 285
ORLANDO FL 32803

Mailing Address
1080 WOODCOCK RD STE 285
ORLANDO FL 32803

2. Principal Place of Business

2813 S. HIAWASSEE RD

Suite, Apt. #, etc.

104City & State
ORLANDO FL

3. Mailing Address

INTERNATIONAL PROFESSIONALSuite, Apt. # **SERVICES CORP.****2813 S. Hiawasse Rd., #104**City & State **Orlando, FL 32835**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3744560

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****THAKKAR, HEMENDRA****1080 WOODCOCK RD STE 285****ORLANDO FL 32803****7. Name and Address of New Registered Agent**

Name

Street Address (International Professional Services Corp.)

2813 S. Hiawasse Rd., #104**Orlando FL 32835**

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.

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
 NAME **HEMENDRA THAKKAR /S** ☐ Delete
 STREET ADDRESS **2813 S. HIAWASSEE RD #104**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE
 NAME **DANIEL FUCHS /P** ☐ Delete
 STREET ADDRESS **2813 S. HIAWASSEE RD #104**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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:**Hemendra Thakkar /S****HEMENDRA THAKKAR****4/29/02**

Date

407 822-8209

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)