

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91566 015 ***150.00

DOCUMENT # PO1000091258 ✓
1. Entity Name
NAVAPAD INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3771 SO. NOVA RD.
Suite, Apt. #, etc. 'C'

3. Mailing Address
← SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT ORANGE

City & State

4. FEI Number
59-3749309 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip 32129 Country VOLUSIA Zip Country

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT CHAULA M. SHETH, 572, Cambridge Cr. SO. DUNEDON FL 32114.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VIC PRESIDENT MADHUKANT A. SHETH, 572, Cambridge Cr. SO. DUNEDON FL 32114.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: C. M. Sheth CHAULA M. SHETH, 4/20/02 (386) 761-8141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #