

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90967 022 \*\*\*150.00

DOCUMENT # P01000111056

1. Entity Name  
FLORIDA AYURVEDIC CENTER, INC.



Principal Place of Business  
1111 VERSANT DR. #101  
BRANDON FL 33511

Mailing Address  
1111 VERSANT DR. #101  
BRANDON FL 33511



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6953 EAST FOWLER AVE

Suite, Apt. #, etc.

6953 EAST FOWLER AVE

☒ CHECK HERE IF MAKING CHANGES

City & State  
TAMPA FL

City & State  
TAMPA FL

4. FEI Number 01-0563489

Applied For  
Not Applicable

Zip  
33617

Country  
U.S.A

Zip  
33617

Country  
U.S.A

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VETTICHIRA, SAJEEV P P  
1111 VERSANT DR. #101  
BRANDON FL 33511

Name SUSAN VETTICHIRA

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

6953 EAST FOWLER AVE

City TAMPA

FL

Zip Code 33617

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

*S. Vettichira*

SUSAN VETTICHIRA

01-03-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME VETTICHIRA, SAJEEV P ☒ Delete  
STREET ADDRESS 1111 VERSANT DR. #101  
CITY-ST-ZIP BRANDON FL 33511

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

TITLE S/D  
NAME VETTICHIRA, SUSAN ☒ Delete  
STREET ADDRESS 1111 VERSANT DR. #101  
CITY-ST-ZIP BRANDON FL 33511

TITLE P & S/D  
NAME VETTICHIRA, SUSAN ☒ Change ☐ Addition  
STREET ADDRESS 6953 E. FOWLER AVE  
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN VETTICHIRA

01-03-03

Date

Daytime Phone #

CR2E034 (10/02)