

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/2/2003-90188-003-\$350.00-\$550.00

DOCUMENT # P02000006104

1. Entity Name
JENICA HOLDINGS, INC.



03 SEP 19 PM 12:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
7709 ANDERSON ROAD
TAMPA FL 33634

Mailing Address
PO BOX 2131
DUNEDIN FL 34697



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0616675

Applied For

Not Applicable

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

STAMPS, DAVID
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602

Name

HARESH TRIVEDI

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

2939 HEATHER TRAIL

City

CLEARWATER

FL

Zip Code

33761

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/29/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 D ☐ Delete
NAME TRIVEDI, HARESH
STREET ADDRESS 2842 GLEN HOLLOW DRIVE
CITY-ST-ZIP CLEARWATER FL 33761

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 empowerings.

SIGNATURE:

SIGNATURE REQUIRED

HARESH TRIVEDI

8/29/03 (813) 827-4622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

29/9/03