

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000021052

1. Entity Name

SRI LAKSHMI OVERSEAS, INC.



FILED

03 APR 30 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

238 WILSHIRE BLVD

3. Mailing Address

238 WILSHIRE BLVD

Suite, Apt. #, etc.

S#149

Suite, Apt. #, etc.

#149

City & State

CASSELBERRY, FL

City & State

CASSELBERRY, FL

4. FEI Number

55-0825249

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Bonthala S. Ramesh Babu

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

238 WILSHIRE BLVD.

Suite # 149

City

CASSELBERRY

FL

Zip Code

32707

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT BONTHALA S. RAMESH BABU 238 WILSHIRE BLVD. #149 CASSELBERRY, FL 32707 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300017339523 04/30/03--01006--002 ***150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY/TREASURER B. R. SREE LAKSHMI 238 WILSHIRE BLVD. Suite #149 CASSELBERRY, FL 32707 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ramesh Babu

B. S. RAMESH BABU

25/04/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)