

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

APPROVED  
AND  
FILED

03 SEP 11 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000032486

1. Entity Name

A-1 PROFESSIONALS INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4100 SW 20th AVE

3. Mailing Address

4100 SW 20th AVE

Suite, Apt. #, etc.

# C-5

Suite, Apt. #, etc.

# C-5

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip  
32607-4201

Country  
USA

Zip  
32607-4201

Country  
USA

*[Handwritten signature]*

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KALIPATNAPU, SIVAPRASAD

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

4100 SW 20th AVENUE

APT # C-5

City GAINESVILLE

FL

Zip Code  
32607

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

*[Handwritten signature: SIVAPRASAD]* KALIPATNAPU, SIVAPRASAD  
PRESIDENT 09.09.2003

(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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME D KALIPATNAPU, SIVAPRASAD  
STREET ADDRESS 4100 SW 20th AVENUE #C-5  
CITY-ST-ZIP GAINESVILLE, FL 32607-4201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400022966514  
09/11/03--01054--011 \*\*500.00

TITLE  
NAME D PRASAD, DEEPA K  
STREET ADDRESS 4100 SW 20th AVE #C-5  
CITY-ST-ZIP GAINESVILLE, FL 32607-4201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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400022966514  
09/11/03--01054--012 \*\*50.00

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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 on an attachment with an address, with all other information required.

SIGNATURE:

*[Handwritten signature: SIVAPRASAD]* KALIPATNAPU, SIVAPRASAD  
09.09.2003 (954) 554-2785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)