## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

125

5905 BENT PINE DR

ORLANDO FL 32822

Suite, Apt. #, etc.

3. Mailing Address

City & State

Zip

## DOCUMENT # P02000081884

1. Entity Name

Principal Place of Business

2. Principal Place of Business

5905 BENT PINE OR

ORLANDO FL 32822

5448

City & State

クダトタ ヘインロ

Suite, Apt. #, etc.

K-SOFT INFORMATION TECHNOLOGIES INC.,

HOFFNER AVE

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6. Name and Address of Current Registered Agent

Country



FILED
Mar 10, 2003 8:00 am §
Secretary of State

03-10-2003 90772 002 \*\*\*150.00

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CHECK HERE IF MAKING CHANGES

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Applied For
Not Applied be

4. FEI Number 3 8 - 34 73 55 4

5. Certificate of Status Desired □ \$8.75

7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

RAMESH, GANGISETTI K PRES 5905 BENT PINE DR 125

ORLANDO FL 32822

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. I am familiar with, and accept the obligations of registered agent.

Country

Name

SIĞNATURE

Signature, it gard or printed name of registered agent and title if applicab

(NOTE: Registered Agent signature required when reinstating)

03 pst 03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PHESIDEN T TITLE X Delete TITLE PAESIDENT Addition PANESH IT GANGISETTI NAME NAME GRANDHE PRASAD 5909 BENT PINE DA #237 STREET ADDRESS STREET ADDRESS o Taamesh. G.A CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP BENT PINE DA #237 OALANDO FL 328 TITLE SAIDEVI GANGISETTI VICE PAESIDENT Change X Addition NAME GMANDHE SURYAKUNAA) 5-909 BENT PINE DA #237 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 32822 CITY-ST-ZIP DISLANDO TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change --- Addition-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GVATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/03

586-801 4321 Daytime Phone #