

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90133 014 \*\*\*150.00

**DOCUMENT # P02000085849**

1. Entity Name  
**SAADGURU CORPORATION**



Principal Place of Business  
**TOWN CENTER DRIVE  
BRANDON FL 33511  
US**

Mailing Address  
**1627 GRAND ISLE DRIVE  
BRANDON FL 33511  
US**



2. Principal Place of Business

**2946 Providence Lakes Blvd.  
Suite, Apt. #, etc.  
Brandon, FL**

3. Mailing Address

**1955 GRAND ISLE DRIVE  
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State <b>Brandon, FL</b>		City & State <b>BRANDON, FLORIDA</b>		4. FEI Number <b>010241649</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33511</b>	Country <b>USA</b>	Zip <b>33511</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SHAH, SOHAL H 1627 GRAND ISLE DRIVE BRANDON FL 33511</b>		7. Name and Address of New Registered Agent Name <b>SOHAL H. SHAH</b> Street Address (P.O. Box Number is Not Acceptable) <b>1955 GRAND ISLE DRIVE</b> City <b>BRANDON</b> FL Zip Code <b>33511</b>	
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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]* DATE 3/20/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>SHAH, SOHAL H</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHAH, SOHAL H</b>		NAME <b>SHAH, SOHAL H</b>	
STREET ADDRESS <b>1627 GRAND ISLE DRIVE</b>		STREET ADDRESS <b>1955 Grand Isle Dr.</b>	
CITY-ST-ZIP <b>BRANDON FL 33511</b>		CITY-ST-ZIP <b>Brandon, FL 33511</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>SHAH, SUJATA S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHAH, SUJATA S</b>		NAME <b>SHAH, SUJATA S</b>	
STREET ADDRESS <b>1627 GRAND ISLE DRIVE</b>		STREET ADDRESS <b>1955 Grand Isle Dr.</b>	
CITY-ST-ZIP <b>BRANDON FL 33511</b>		CITY-ST-ZIP <b>Brandon, FL 33511</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

813-653-9720

Daytime Phone #

CR2E034 (10/02)