

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90218 045 ***150.00

DOCUMENT # P02000116507

1. Entity Name

PAVANKUMAR INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14127 W NEWBERRY RD

3. Mailing Address

14127 W NEWBERRY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JOESVILLE, FL

City & State

JONESVILLE, FL

4. FEI Number

11-3693234

Applied For

Not Applicable

Zip

32669

Country

Zip

32669

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHAUDHARI, GOVINDKUMAR D

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

14127 W NEWBERRY RD

City

JONESVILLE,

FL

Zip Code

32669

DO NOT WRITE IN THIS SPACE

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

Govind Chaudhary

(NOTE: Registered Agent signature required when reinstating)

DATE

28th April 2004

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	P	TITLE	
NAME	CHAUDHARI, GOVINDKUMAR D	NAME	
STREET ADDRESS	14127 W NEWBERRY RD	STREET ADDRESS	
CITY-ST-ZIP	JONESVILLE, FL 32669	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

Govind Chaudhary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26th April 2004

Date

332-6431

Daytime Phone #

CR2E034E (12/02)