2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000116507

1. Entity Name

PAVÁNKUMAR INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90268 035 ***150.00

Principal Place of Business 14127 W. NEWBERRY ROAD JONESVILLE FL 32669-2753				Mailing Address 14127 W. NEWBERRY ROAD JONESVILLE FL 32669-2753									
2. Principal Place of Business				3. Mailing Address] FREEIDERF DOT BEATH HARLI BEALL BEATH B	 	i i i i i i i	18 00 1841 18 0 1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FE	El Number		J	oplied For ot Applicable	
Zip		Country	Zip	Zip Cour			5. Certificate of Statu				8.75 Add ee Require		
6. Name and Address of Current R				agistered Agent			7. Name and Address of New Registered Agent						
,						Name							
CHAUDHARI, GOVINDKUMAR D				-			Street Address (P.O. Box Number is Not Acceptable)						
14127 W. NEWBERRY ROAD													
JONESVIL	LE FL 3266	69-2753											
						City		FL Zip				e	
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													
	Signature, typeo	or printed name or registered agent	and title it appi	icable. (NOTE:	Registere	u Agent signature	a reduited wi	nen rein	istating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Maile Check Payable to Florida Department of State									Election Campaign Financ Trust Fund Contribution.	eing		May Be to Fees	
10.	-	OFFICERS AND	DIRECTO	DIRECTORS 11.				ADC	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
TITLE	P			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME		ri, govindkumar d				NAME							
STREET ADDRESS CHTY-ST-ZIP	14111414141					EET ADDRESS (-ST-ZIP							
TITLE				□ Delete	TITLE						☐ Change	- Addition	
NAME				□ Delete	NAM						Onlingo	- Madition	
STREET ADDRESS					STRE	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE		an grant particular construction	·	منده ۱۰۰۰ Delete منا	- i≟TITLE		ينيد در ند		carriages of the carrier		Change	☐ Addition	
NAME					NAM								
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP					╂	- ST - ZIP							
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS					NAMI	ET ADDRESS						}	
CITY-ST-ZIP	2					-ST-ZIP							
TITLE				☐ Defete	TITLE						☐ Change	Addition	
NAME				□ Delete	NAMI						Onlingo		
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP						-ST-ZIP	•						
TITLE				☐ Delete	TITLE	:					Change	Addition	
NAME					NAM	E						Ì	
STREET ADDRESS					STRE	ET ADDRESS							
CITY-ST-ZIP		CITY-	-ST-ZIP										
19 I baraby a	ausifu shas sha	. in favore at a series of the state of	- Al-1- #115				O X		10.07(2)(i) Elorido Statutos I fue		C. 41		

2. 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 AND TYPE OF PRINTED STANDARD OF SIGNATURE AND TYPE OF PRINTED STANDARD OF SIGNATURE OF THE SIGNATU

22 APRIL 2003

*352-33*2-443)

Daytime Phone s

CR2E034 (10/02