2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

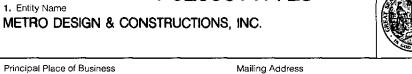
5401 S KIRKMAN ROAD STE 310

P02000117728

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ORLANDO FL 32819

ORLANDO FL 32819





FILED	
Apr 28, 2003 8:00 a	m
Secretary of State	
04-28-2003 90322 020 ***150.00	

2. Principal Place of Business 3. Mailing Address 7862 SAINT			IT GILES	PLACE		 	6)(0) 111	!! !!! !!!!!!
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State ORLANDO FLORIDA		A 4.	FEI Number 04 - 37	2134	S Ar	oplied For ot Applicable
Zip	Country	^{Zio} 2835	Country U.S.7	5.	Certificate of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent		7.	Name and Address of New	Registered A	gent	
JOSHI, SAVITA			Name	Name Street Address (P.O. Box Number is Not Acceptable)				
5401 S K	RKMAN ROAD STE 310		Sireet	Audiess (F.O. E	oox Number is Not Acceptab	10)		
) FL 32819				·			
			City			FL	Zip Cod	e
	named entity submits this statement fi tions of registered agent.	for the purpose of changing	its registered office	or registered ag	gent, or both, in the State of F	iorida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (P	NOTE: Registered Agent sign	ature required when re	einstating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of				9. Election Campaign F Trust Fund Contributi	· · ·		0 May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.	AC	DDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME	PTD JOSHI, SAVITA	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	7862 ST GILES PLACE ORLANDO FL 32835		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	VSD TAV/ILL, FARID J	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	145 N SPRING LAKE DR ALTAMONTE SPRINGS FL 3271	4	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	1			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME		All Control of the Co		☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					(
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE	 			Change	☐ Addition
NAME		☐ Delete	NAME	1				
STREET ADDRESS			STREET ADDRESS					
CITY - ST - ZIP			CITY-ST-ZIP	1				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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:

407-926 0242