

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90401 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000043854	
1. Entity Name	
S & P Inc of Kissimmee	

20031911

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1901 Michigan Avenue	3. Mailing Address 1901 MICHIGAN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Kissimmee, FL	City & State KISSIMMEE FL	4. FEI Number 55-0829262	Applied For Not Applicable
Zip 34744	Country	Zip 34744	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KIRAN, FOQIA
Street Address (P.O. Box Number is Not Acceptable) 1901 MICHIGAN AVE
City KISSIMMEE FL 34744
FL
Zip Code 34744

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**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP KIRAN, FOQIA 1901 MICHIGAN AVE KISSIMMEE FL 34744
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.06

Date

470 931 8451

Daytime Phone #