

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90031 014 ***150.00

DOCUMENT # P03000076331

1. Entity Name

N S R P TECHNOLOGIES INC.



Principal Place of Business

6919 MERRILL ROAD
JACKSONVILLE FL 32277
US

Mailing Address

6919 MERRILL ROAD
JACKSONVILLE FL 32277
US

2. Principal Place of Business

4651 Salisbury Road

Suite, Apt. #, etc.

195

City & State

Jacksonville, FL

Zip
32256

Country
US

3. Mailing Address

4651 Salisbury Road

Suite, Apt. #, etc.

195

City & State

Jacksonville, FL

Zip
32256

Country
US



MOORE

CR2E034 (11/03)

4. FEI Number

32-0085198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAH, PATHIK P MR

~~6919 MERRILL ROAD~~

~~JACKSONVILLE FL 32277~~

4651 Salisbury Rd

Suite 195

Jacksonville, FL 32256

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	SHAH, PATHIK P MR	
STREET ADDRESS	6919 MERRILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, RASIKLAL K MR	
STREET ADDRESS	1523 CESERY TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	SECR	<input checked="" type="checkbox"/> Delete
NAME	SHAH, PRATIX N MR	
STREET ADDRESS	6 CAMEO CT	
CITY-ST-ZIP	FRANKLIN PARK NJ 08823	
TITLE	TREA	<input checked="" type="checkbox"/> Delete
NAME	SHAH, RAGINI P MR	
STREET ADDRESS	6 CAMEO CT	
CITY-ST-ZIP	FRANKLIN PARK NJ 08823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shah, Pathik P MR	
STREET ADDRESS	4651 Salisbury Road, Suite 195	
CITY-ST-ZIP	Jacksonville, FL, 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Pathik P. Shah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/4

904-279-0279

Date

Daytime Phone #