

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED



05 SEP 16 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50066909



08042005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000085465					
1. Entity Name U V N ENTERPRISES, INC.					
Principal Place of Business 1249 DARLINGTON OAK CIRCLE, NE ST. PETERSBURG, FL 33701 US			Mailing Address 1249 DARLINGTON OAK CIRCLE, NE ST. PETERSBURG, FL 33701 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 20-1189382				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SINGH, USHA 1249 DARLINGTON OAK CIRCLE, NE ST. PETERSBURG, FL 33701				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 _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when remitting)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGH, USHA 1249 DARLINGTON OAK CIRCLE, NE ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400059793294 09/20/05--01058--004 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGH, VIBHUTI 1249 DARLINGTON OAK CIRCLE, NE ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  8/8/05 727-527-1093 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					



9/8/05 727-527-1093



ATTACHMENT
5.0066909

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 22, 2005

U V N ENTERPRISES, INC.
1249 DARLINGTON OAK CIRCLE, NE
ST. PETERSBURG, FL 33701 US

Subject: U V N ENTERPRISES, INC.

Reference Number: P04000085465

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.



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Glenda E. Hood

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/JD

ANNUAL REPORTS SECTION