FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069019 (6)

1. Corporation Name
SHUBA, INC.

Principal Place of Business
419 S CHICKASAW TR
ORLANDO FL 32825
US

Mailing Address
6802 SPRING RAIN DRIVE
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3203943 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BASHYAM, BAKTHA V
8430 WAIALAE COURT
ORLANDO FL FL328-19

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

TITLE	DV
NAME	GOVINDARAJ, SRIDHAR
STREET ADDRESS	6802 SPRING RAIN DRIVE
CITY, ST, ZIP	ORLANDO FL
TITLE	DP
NAME	BASHYAM, BAYTHA V
STREET ADDRESS	8430 WAIALAE COURT
CITY, ST, ZIP	ORLANDO FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN 12)

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual 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 agent of the corporation served to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or is listed with an addition.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (407) 281 4646
DATE TELEPHONE NUMBER

0001474 CP