Apr 30 02 01:21p WOODRUFF & COMPANY P.A. 5/8/

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-08-2002 90097 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081308

1. Entity Name
Pagidipati Enterprises, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2955 SE 3rd Ct	2955 SE 3rd Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala, FL
Zip: 34471 Country: Marion	Zip: Marion Country: Marion

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3215244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Pagidipati, Devaiah
Street Address (P.O. Box Numbers Not Acceptable): 2955 SE 3rd Ct
City: Ocala FL Zip Code: 34471

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.

SIGNATURE: _____ DATE: 5/2/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D NAME Pagidipati, Rudrama D. STREET ADDRESS 2910 SW 7th Ave CITY-ST-ZIP Ocala, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Pagidipati, Devaiah STREET ADDRESS 2910 SW 7th Ave CITY-ST-ZIP Ocala, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Pagidipati, Siddhartha STREET ADDRESS 2910 SW 7th Ave CITY-ST-ZIP Ocala FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Pagidipati, Rahul DEV STREET ADDRESS 2910 SW 7th Ave CITY-ST-ZIP Ocala FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Pagidipati, STUJANI STREET ADDRESS 2910 SW 7th Ave CITY-ST-ZIP Ocala, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #