


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90201 043 \*\*\*150.00

DOCUMENT # P94000019254  
1. Entity Name  
GANESH ASSOCIATES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

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4. FEI Number  Applied For  
 No: Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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.

7. Name and Address of Current Registered Agent  
Name Ganesh Associate  
Street Address (P.O. Box Number is Not Acceptable)  
4962 EBENSBURG DR  
City TAMPA FL Zip Code 33647

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reappointing)

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>owner</u> <u>Ganesh Associate</u> <u>4962 EBENSBURG DR</u> <u>TAMPA, FL 33647</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>REETA SARASWAT</u>
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CR2E034B (12/02)

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: Reeta Saraswat Date 5/29/03 813-961-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR