

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90717 043 \*\*\*150.00

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**DOCUMENT # P94000032676**

1. Entity Name  
**GANESH ELECTRONICS, INC.**



Principal Place of Business  
~~2302 MERCATOR DR 101~~  
**ORLANDO FL 32807**

**MOVED  
NEW  
↓**

Mailing Address  
**2302 MERCATOR DR 101**  
**ORLANDO FL 32807**

2. Principal Place of Business  
**5700 DOT COM COURT**  
Suite, Apt. #, etc.

3. Mailing Address  
**5700 DOT COM COURT**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**OVIEDO, FLORIDA**

City & State  
**OVIEDO, FLORIDA**

4. FEI Number **59-3239523**

Applied For  
☐ Not Applicable

Zip Country  
**32765 SEMINOLE**

Zip Country  
**32765 SEMINOLE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATHOO, DALSUKH**  
**2302 MERCATOR DR 101**  
**ORLANDO FL 32807**

Name  
**NATHOO DALSUKH**

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

**3229 KNOTTYPINE AVE**

City **WINTER PARK FL** Zip Code **32792**

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NATHOO, DALSUKH 3229 KNOTTYPINE AVE WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS CHAWHAN, PRAKASH I 14520 GAINESBORO ORLANDO FL 32826	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CHAWHAN, RENUKA P %2302 MERCATOR DR 101 ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT. CHAWHAN, RENUKA P. 14520 GAINESBOROUGH DRIVE ORLANDO, FL 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

**SIC @ PRAKASH CHAWHAN**  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

407 977 8411

Daytime Phone #

CR2034 (10/02)