

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90098 033 ***150.00

DOCUMENT # P95000014100

1. Entity Name
KRISH, INC.

Principal Place of Business 398 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714 US	Mailing Address 398 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6802 SPRING RAIN DRIVE Suite, Apt. #, etc.	3. Mailing Address 6802, SPRING RAIN DRIVE Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State ORLANDO FL	4. FEI Number 59-3301914	Applied For <input type="checkbox"/> Not Applicable
Zip 32819 Country USA	Zip 32819 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BASHYAM, BAKTHA V
 8430 WAIALAE CT
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name
SRIDHAR GOVINDARAJ

Street Address (P.O. Box Number is Not Acceptable)
6802, SPRING RAIN DRIVE

City **ORLANDO** FL Zip Code **32819**

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 *Sridhar Govindaraj* **SRIDHAR GOVINDARAJ** DATE **4/8/01**
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOVINDARAJ, SRIDHAR 6802 SPRING RAIN DR ORLANDO FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BASHYAM, BAKTHA V 8430 WAIALAE CT ORLANDO, FL 32819
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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sridhar Govindaraj* **SRIDHAR GOVINDARAJ** DATE **4/8/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)