

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90424 010 ***150.00

UBR-03-01 AV

DOCUMENT # P95000056876

1. Entity Name

RESOURCE NETWORKING OVERSEAS, INC.

Principal Place of Business

**4440 SW ARCHER ROAD
 APT# 1104
 GAINESVILLE FL 32608**

Mailing Address

**4440 SW ARCHER ROAD
 APT# 1104
 GAINESVILLE FL 32608**

2. Principal Place of Business

4423 NW 51ST DR

Suite, Apt. #, etc.

3. Mailing Address

4423 NW 51ST DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL

City & State

GAINESVILLE, FL

4. FEI Number

65-0607235

Applied For

Not Applicable

Zip

32606

Country

Zip

32606

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVAKUMAR, BHUPATI

**4440 SW ARCHER ROAD, #1104 4423 N.W. 51 Drive
 GAINESVILLE FL ~~32608~~ 32606**

7. Name and Address of New Registered Agent

Name

LAVAKUMAR, BHUPATI

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

4423 NW 51 ST DRIVE

City

GAINESVILLE, FL

Zip Code

32606

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

B. Lavakumar

LAVAKUMAR BHUPATI

APRIL 12, 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **D** Delete
 NAME **LAVAKUMAR, BHUPATI**
 STREET ADDRESS **4440 SW ARCHER ROAD, #1104 4423 NW 51 D.**
 CITY-ST-ZIP **GAINESVILLE FL ~~32608~~ 32606**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

B. Lavakumar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 12, 2002

Date

(352) 379-7935

Daytime Phone #

CR2E034 (9/01)