

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020013

1. Entity Name

VASANTA ENTERPRISES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90079 040 ***150.00

Principal Place of Business

Mailing Address

209 BEARSS AVE E
TAMPA FL 33613
US

209 BEARSS AVE E
TAMPA FL 33613-1602
US

2. Principal Place of Business

3. Mailing Address

2209 E. BEARSS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3366498

Applied For

Not Applicable

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

CHAPALAMADUGU, SATYA N
2209 E BEARSS AVE E
TAMPA FL 33511

Name CHAPALAMADUGU SATYA N

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

2209 E. BEARSS AVE

City Tampa

FL

FL

Zip Code 33613

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

Signature, typed or printed name of registered agent and date 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CHAPALAMADUGU, SATYA N
STREET ADDRESS 503 N MATANZAS
CITY-ST-ZIP TAMPA FL 33609

TITLE CHAPALAMADUGU, SATYA N
NAME CHAPALAMADUGU, SATYA N
STREET ADDRESS 1626 LEDGESTONE DR
CITY-ST-ZIP BRANDON FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)