## 2000 UNIFORM BUSINESS REPORT (UBR)

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

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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE:

## FILED Aug 09, 2000 8:00 am Secretary of State DOCUMENT # **P96000065850** PSVN, INC. 08-09-2000 90077 049 \*\*\*150.00 Mailing Address Principal Place of Business 203 GEORGE RD AGR GEORGE RD PT CHARLOTTE FL 33952-9158 . CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0686910 Not Applicable Żip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAIR, P. S. V. Street Address (P.O. Box Number is Not Acceptable) 203 GEORGE RD PT CHARLOTTE FL 33952 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Change ☐ Addition Delete TITLE TITLE NAIR. P. S. V. STREET ADDRESS 203 GEORGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT CHARLOTTE FL 33952 ☐ Change ☐ Defete Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition □ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIE ☐ Change ☐ Addition TITI F □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Attachment D#P960WU65850 DWN550

P.S. V.NAIR P.O. BOX 2445 PORT CHARLOTTE,FL 33949

Mrs. Kathrine Harris Secretary of State Tallahassee, FL

I failed to file this 2000 Uniform Business Report on May 1, 2000 by sheer accident. There was a turnover of office staff, and the forms were never handed over to me after they were picked up from the post office. I would greatly appreciate if you won't penalize me for something happened beyond my control.

Thank you kindly

P. S. V. Nair