

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90370 027 ***150.00

DOCUMENT # P97000008465

1. Entity Name
DEO'S JEWELRY, INC.

Principal Place of Business
**7543 WEST HILLSBOROUGH AVENUE
 TAMPA FL 33615**

Mailing Address
**7543 WEST HILLSBOROUGH AVENUE
 TAMPA FL 33615**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7543 W. Hillsborough
 Suite, Apt. #, etc.

3. Mailing Address
7543 W. Hillsborough
 Suite, Apt. #, etc.

City & State
TAMPA FLORIDA

City & State
Tampa FLA

4. FEI Number **59-3423432**

Applied For
 Not Applicable

Zip **33615** Country **HILLSBOROUGH**

Zip **33615** Country **HILLSBOROUGH**

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

GAJADHAR, SEUDATT
7543 W HILLSBOROUGH
TAMPA FL 33615

Name **Seudatt GAJADHAR**
 Street Address (P.O. Box Number is Not Acceptable)
7543 W. Hillsborough
Tampa
 City **Florida** FL Zip Code **33615**

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 **Seudatt Gajadhar P.D** DATE **7-5-02**
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. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GAJADHAR, SEUDATT 7543 WEST HILLSBOROUGH AVENUE TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAJADHAR, MOHANDAI 7543 WEST HILLSBOROUGH AVENUE TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAJADHAR, TERRY 7543 WEST HILLSBOROUGH AVENUE TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAJADHAR, SEUDATT 7543 W HILLSBOROUGH TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAJADHAR, MOHANDAI 7543 W HILLSBOROUGH TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAJADHAR, TERRY 7543 W HILLSBOROUGH TAMPA FL 33615	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Seudatt Gajadhar 7543 W. Hillsborough TAMPA FLA 33615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mohandai Gajadhar 7543 W Hillsborough Tampa Fla 33615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Terry Gajadhar 7543 W Hillsborough Tampa Fla 33615	<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

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: **Seudatt Gajadhar** DATE **7-5-02** WK **813-881-1284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Hello Sir or Madame,

I did
not recieved a Business
report before this is
the first one, ~~Good hands~~

Yours Sincerely
A. Gayadhar

Attachment
Document #
P97000008465
119385