

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90666 033 \*\*\*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**



2. Principal Place of Business  
**7543 WEST HILLSBOROUGH**

3. Mailing Address  
**7543 WEST HILLSBOROUGH**

Suite, Apt. #, etc.  
**TAMPA**

Suite, Apt. #, etc.  
**TAMPA**

City & State  
**FLA**

City & State  
**FLA**

☐ CHECK HERE IF MAKING CHANGES

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**

**GAJADHAR, SEUDATT  
7543 W HILLSBOROUGH  
TAMPA FL 33615**

**7. Name and Address of New Registered Agent**

Name **SEUDATT GAJADHAR**  
Street Address (P.O. Box Number is Not Acceptable)  
**7543 W HILLSBOROUGH**  
City **TAMPA** 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.** **3-12-03**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS -**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GAJADHAR, SENDATT 7543 WEST HILLSBOROUGH AVENUE TAMPA FL 33615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GAJADHAR, MOHANDAI 7543 WEST HILLSBOROUGH AVENUE TAMPA FL 33615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GAJADHAR, TERRY 7543 WEST HILLSBOROUGH AVENUE TAMPA FL 33615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GAJADHAR, SEUDATT 7543 W HILLSBOROUGH TAMPA FL 33615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GAJADHAR, MOHANDAI 7543 W HILLSBOROUGH TAMPA FL 33615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GAJADHAR, TERRY 7543 W HILLSBOROUGH TAMPA FL 33615</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT SEUDATT GAJADHAR 7543 W HILLSBOROUGH TAMPA FLA 33615</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY MOHANDAI GAJADHAR 7543 W HILLSBOROUGH TAMPA FLA 33615</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER TERRY GAJADHAR 7543 W HILLSBOROUGH TAMPA FLA 33615</b>	<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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Seudatt Gajadhar** **3-12-03** **WH 83881284**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/02)