## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000027634 Jan 19, 2000 8:00 am Secretary of State 1. Entity Name Trishul, inc. WITH HOSPER W. 01-19-2000 90211 048 \*\*\*150.00 ter in parties, Principal Place of Business: Mailing Address 500 E. ORANGE AVENUE 500 E. ORANGE AVENUE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-6526 A C C C I M C C 3. Mailing Address 2. Principal Place of Business Fost fortune DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3437719 Not Applicable MIDWAY Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired r. U <u> 3</u>43 32343 GADOD ENLUS 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name to BIRILSH Street Address (P.O. Box Number is Not Acceptable) PADGETT, TIMOTHY D'ESQ. 701 EAST TENNESSEE STREET TALLAHASSEE FL 32308 Zip Code 2347 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 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 11. DS ☐ Addition ☐ Change TĨŤĹE ☐ Delete TITLE PATEL, ROHIT NAME NAME FO34 STREET ADDRESS STREET ADDRESS **500 E. ORANGE AVENUE** CITY-ST-7(P CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Addition DP Change ☐ Delete TITLE TITLE PATEL, MUKESH NAME 500 E. ORANGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME PATEL, JAYESH STREET ADDRESS STREET ADDRESS 500 E. ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 Change ☐ Addition TITLE ☐ Delete TITLE PATEL, GIRISH NAME NAME STREET ADDRESS STREET ADDRESS 500 E. ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 Change □ Addition ☐ Delete TITLE AMIN, SUMITRA NAME NAME STREET ADDRESS **5418 EASTON POINT WAY** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32311

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SANATURE AND TYPED OR PRINTED NAME (ESIGNING OFFICER OR DIRECTOR

☐ Delete

01/12/0

(850)574-8888

Change

☐ Addition