

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90057 039 \*\*\*150.00

<b>DOCUMENT #</b> P97000028573	
<b>1. Entity Name</b>	
Sehr Inc	

**DO NOT WRITE IN THIS SPACE**

94032812

<b>2. Principal Place of Business</b> 301 E Princeton Street		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32804	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3435141	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name Ansari, Najmus Sehr	
Street Address (P.O. Box Number is Not Acceptable) 805 Silver Smith Cr	
City Lakemary	Zip Code 32746

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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> Director	<b>NAME</b> Ansari, Najmus Sehr
<b>STREET ADDRESS</b> 805 Silver Smith CR	
<b>CITY-ST-ZIP</b> LakeMary, FL - 32746	
<b>TITLE</b> NAME	
<b>STREET ADDRESS</b> CITY-ST-ZIP	
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**11.**

<b>TITLE</b> NAME	
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<b>STREET ADDRESS</b> CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

N. Sehr Ansari

NAJMUS S. ANSARI

3/15/04

407-895-4890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #