

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 805 Silversmith Circle Suite, Apt. #, etc.		<b>3. Mailing Address</b> 805 Silversmith Circle Suite, Apt. #, etc.	
<b>City &amp; State</b> Lake Mary, FL		<b>City &amp; State</b> Lake Mary, FL	
<b>Zip</b> 32746	<b>Country</b>	<b>Zip</b> 32746	<b>Country</b>

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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

<b>Name</b> ANSARI, NAJMUS SEHR	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 805 Silversmith Circle	
<b>City</b> Lake Mary	<b>FL</b> <b>Zip Code</b> 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** NAJMUS SEHR ANSARI, DIRECTOR 3/26/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

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

**Make Check Payable to Florida Department of State**

**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> LAKE MARY FL 32746
<b>TITLE</b> President	<b>NAME</b> ANSARI, ABUL F
<b>STREET ADDRESS</b> 805 SILVERSMITH CIRCLE	<b>CITY-ST-ZIP</b> LAKE MARY FL 32746
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
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**11.**

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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)(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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Abul F. Ansari **ABUL F. ANSARI** 3/26/07 407-617-2691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**