

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000033921****1. Entity Name**
PADMAVATI, INC.**Principal Place of Business**
2226 HWY 71 N - I 10 EXIT 21
MARIANNA FL 32448**Mailing Address**
2226 HWY 71 N - I 10 EXIT 21
MARIANNA FL 32448**2. Principal Place of Business**
MARIANNA**3. Mailing Address**Suite, Apt. #, etc. **2226 Hwy 71 N.**

Suite, Apt. #, etc.

City & State
MARIANNA FL**City & State****Zip**
32401 **Country**
JACKSON**Zip** **Country****4. FEI Number** **59-3418798****Applied For**
Not Applicable**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****SHAH, P.T.**
4911 WEST HWY 98 NEW → 2226 HWY 71 NORTH
PANAMA CITY FL 32401 MARIANNA FL 32448**Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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** **D** ☐ Delete
NAME **SHAH, P.T.**
STREET ADDRESS **4911 WEST HWY 98 → 2226 HWY 71 NORTH**
CITY-ST-ZIP **PANAMA CITY FL 32401 MARIANNA FL 32448****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **REDDY, SUDHAKAR C**
STREET ADDRESS **3007 KINGS HARBOR RD**
CITY-ST-ZIP **PANAMA CITY FL 32405****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/01

Date

(850) 482-4770

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)