

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-15-2001 90087 014 ***150.00

DOCUMENT # P97000068076

1. Entity Name
SHELL SOFT INC.

Principal Place of Business

Mailing Address

~~5115 NORTH SOCRUM LOOP RD~~
~~APT. # 59~~
~~LAKELAND FL 33809~~

4738 CHEENEY ST
 SANTA CLARA CA 95054
 US

1 Tossey pines
Ormond Beach, FL 32174

2. Principal Place of Business

4738 Cheeney St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Santa Clara Ca

Zip

Country

Zip

Country

95054

USA

4. FEI Number **94-3285382**

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

VJAYENDER, REDDY S
5115 N SOCRUM LOOP RD
~~APT. # 59~~
~~LAKELAND FL 33809~~

1 Tossey PINES
Ormond Beach
FL-32174-8773

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 re-registering)

DATE

C. Vijayender Reddy

6/01/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

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	<input type="checkbox"/> Delete
NAME	SINGIREDDY, INDIRA	
STREET ADDRESS	5115 N SOCRUM LOOP RD, APT 59	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGIREDDY INDIRA	
STREET ADDRESS	1 TOSSEY PINES	
CITY-ST-ZIP	Ormond Beach-FL-32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Singireddy, Indira	
STREET ADDRESS	4738 Cheeney St.	
CITY-ST-ZIP	Santa Clara, CA 95054	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Singireddy Vijay	
STREET ADDRESS	4738 Cheeney St	
CITY-ST-ZIP	Santa Clara, CA 95054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-30-01

510-494-2020

Date

Daytime Phone #

CR2E034 (10/00)