

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90046 048 \*\*\*150.00

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**DOCUMENT # P97000090229**

1. Entity Name  
**H & K INC OF TAMPA BAY**



Principal Place of Business  
**8910 N. DALE MABRY  
SUITE 37  
TAMPA FL 33614**

Mailing Address  
**8910 N. DALE MABRY  
SUITE 37  
TAMPA FL 33614**

2. Principal Place of Business

**17701 SIMMS Rd**

3. Mailing Address

**17701 SIMMS Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ODESSA FL**

City & State

**ODESSA FL**

Zip

**33556**

Country

Zip

**33556**

Country

4. FEI Number

**59-3475222**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAFEEZ, JAVED  
6103 MARBELLA BLVD.  
APOLLO BEACH FL 33572**

7. Name and Address of New Registered Agent

Name **R. GOVINDARAJU**

Street Address (P.O. Box Number is Not Acceptable)

**17701 SIMMS ROAD**

City

**ODESSA**

**FL**

Zip Code

**33556**

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

**7/10/03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

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

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HASHMI, HASAN 1001 LIVINGSTON AVE LUTZ FL 33549</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HAFEEZ, JAVED 6103 MARBELLA BLVD APOLLO BEACH FL 33572</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HASHMI, ARJUMAND 18123 LONGWATER RUN DR TAMPA FL 33647</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GOVINDARAJU, R 17701 SIMMS RD ODESSA FL 33556</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FIDA, SHAHEEN 2365 HADDON HALL PL CLEARWATER FL 33764</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/10/03 (813) 931-7258**

Date

Daytime Phone #

CR2E034 (4/03)