2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # **P97000099685** 1. Entity Name SUJATA TUMULA & ASSOCIATES, INC. 04-23-2001 90135 022 \*\*\*150.00 Principal Place of Business Mailing Address 13700 RICHMOND PARK DR NO #503 13700 RICHMOND PARK DR NO #503 JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 745293 2. Principal Place of Business 3. Mailing Address 817 CLOUDBERRY BRANCH 817 CLOUDBERRY BRANCH WAY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE WAY Applied For City & State City & State 4. FEI Number 59-3478300 JACKSON VILLE JACKSON VILLE, FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32259 32259 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUMULA SANJAY ----Street Address (P.O. Box Number is Not Acceptable) 13700 RICHMOND PARK DR NO #503 JACKSONVILLE FL 32224 JACKSON VILLE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Addition ☐ Delete TITLE STD NAME NAME TUMULA, SUJATA 817 CLOUDGERRY BRANCH WAY STREET ADDRESS STREET ADDRESS 13700 RICHMOND PARK DR N #503 CITY-ST-7IP JACKSONVILLE, FL 32259 CITY-ST-ZIP Jacksonville FL 32224 ☐ Addition Delete TITLE TIT! F NAME TUMULA, SANJAY STREET ADDRESS 817 CLOUDBERRY BRANCH WAY STREET ADDRESS 13700 RICHMOND PARK DR N #503 CITY-ST-ZIP JACKSONVILLE, F- L 32259 CITY-ST-7IP JACKSONVILLE FL 32224 ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:X

SIGNATURE AD THE OR BRINTE

SANJAY TUMULA

4/13/200

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Daytime Phone #