


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90120 006 ***150.00

DOCUMENT # P97000099685

1. Entity Name
SUJATA TUMULA & ASSOCIATES, INC.



Principal Place of Business
**817 CLOUDBERRY BRANCH WAY
JACKSONVILLE FL 32259**

Mailing Address
**817 CLOUDBERRY BRANCH WAY
JACKSONVILLE FL 32259**



2. Principal Place of Business
616 HUMMINGBIRD CT

3. Mailing Address
616 HUMMINGBIRD CT

Suite, Apt. #, etc. _____

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32259

Country
USA

4. FEI Number **59-3478300**

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

**TUMULA, SANJAY
817 CLOUDBERRY BRANCH WAY
JACKSONVILLE FL 32259**

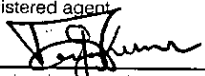
7. Name and Address of New Registered Agent

Name **TUMULA SANJAY**

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

City **JACKSONVILLE** FL Zip Code **32259**

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  DATE **3/10/2003**

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
After May 1, 2003 Fee will be \$550.00
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	STD TUMULA, SUJATA 817 CLOUDBERRY BRANCH WAY JACKSONVILLE FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUMULA, SANJAY 817 CLOUDBERRY BRANCH WAY JACKSONVILLE FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	TUMULA SUJATA, SECRETARY 616 HUMMINGBIRD CT JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TUMULA, SANJAY 616 HUMMINGBIRD CT JACKSONVILLE, FL, 32259	<input checked="" 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 RESANJAY TUMULA** DATE: **3/10/2003** DAYTIME PHONE #: **904 502 5362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)