

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067839

1. Entity Name

XIPHER, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90003 030 \*\*\*150.00

Principal Place of Business

Mailing Address

433 SOUTH PAULA DRIVE  
SUITE 31  
DUNEDIN FL 34698

433 SOUTH PAULA DRIVE  
SUITE 31  
DUNEDIN FL 34698-2047

2. Principal Place of Business

3. Mailing Address

2778 COUNTRYSIDE BLVD.

2778 COUNTRYSIDE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 6

# 6

City & State

CLEARWATER, FL

City & State

CLEARWATER FLORIDA

Zip

33761

Country

USA

Zip

33761

Country

USA

4. FEI Number

59-3528420

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

PATEL, JANESHA  
433 SOUTH PAULA DRIVE  
#31  
DUNEDIN FL 34698

Name PATEL DEVIYANI PINAKIRAI

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

2778 COUNTRYSIDE BLVD. #6

City CLEARWATER

FL

Zip Code

33761

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 Deviyani P. Patel PATEL DEVIYANI PINAKIRAI 04-30-2000  
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, 2000 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 P ☒ Delete  
NAME PATEL, JANESHA  
STREET ADDRESS 433 SOUTH PAULA DRIVE #31  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition  
NAME PATEL DEVIYANI PINAKIRAI  
STREET ADDRESS 2778 COUNTRYSIDE BLVD  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE V ☐ Delete  
NAME PATEL, PUNIL  
STREET ADDRESS 433 SOUTH PAULA DRIVE #31  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition  
NAME PATEL PUNIL  
STREET ADDRESS 2778 COUNTRYSIDE BLVD  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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: PUNIL PATEL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-2000 727 7121045  
Date Daytime Phone #

CR2E034 (9/99)