

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90065 010 \*\*\*150.00

DOCUMENT # P98000067839

1. Entity Name

XIPHER, INC.

Principal Place of Business

Mailing Address

~~2778 COUNTRYSIDE BLVD~~  
~~W6~~  
~~CLEARWATER FL 33761~~

2778 COUNTRYSIDE BLVD  
#6  
CLEARWATER FL 33761

2. Principal Place of Business

3. Mailing Address

401 Missouri Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Largo FL

Zip 33770

Country USA

Zip

Country

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

~~PINAKIRAL, PATEL D~~  
Patel, Deviyani  
2778 COUNTRYSIDE BLVD #6  
CLEARWATER FL 33761

Name Patel, Deviyani

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 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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	PATEL, JANESHA	
STREET ADDRESS	433 SOUTH PAULA DRIVE #31	
CITY-ST-ZIP	DUNEDIN FL 34608	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATEL, PUNIL	
STREET ADDRESS	433 SOUTH PAULA DRIVE #31	
CITY-ST-ZIP	DUNEDIN FL 34608	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patel, Deviyani	
STREET ADDRESS	2778 Countryside Blvd. #6	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patel, Punil	
STREET ADDRESS	2778 Countryside Blvd. #6	
CITY-ST-ZIP	Clearwater, FL 33761	
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

Date

Daytime Phone #

CR2E034 (10/00)