

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072491

Entity Name

IGNACOM INC

Principal Place of Business

Mailing Address

95 AVE
NJ 08876

95 FAIRVIEW AVE
SOMERVILLE NJ 08876-3001

Principal Place of Business

3. Mailing Address

97 RUNNYMEDE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW PROVIDENCE, NJ

Country

Zip

07974

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHANNA, RAJESH
8910 N. DALE MABRY, SUITE 37
TAMPA FL 33614

Name

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

City

FL

Zip Code

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)

DATE

01-27-2000

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD
ICHANNA, RAJESH
95 FAIRVIEW AVE
SOMERVILLE NJ 08876

☐ Delete

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

01-27-2000

Date

Daytime Phone #

908 665 0379

CR2E034 (9/99)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90078 044 ***150.00

913007



DO NOT WRITE IN THIS SPACE