FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90097 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094547

1. Entity Name

Sun Labs USA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2955 SE 3rd Ct	2955 SE 3rd Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34471 Country: Marion	Zip: 34471 Country: Marion

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3551516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Pagidipati, Devaiah

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

2955 SE 3rd Ct

City: Ocala, FL **FL** Zip Code: 34471

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE D NAME Pagidipati, Rudrama D. STREET ADDRESS 2910 SW 7th Ave CITY-ST-ZIP Ocala, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Pagidipati, Devaiah STREET ADDRESS 2910 SW 7th Ave CITY-ST-ZIP Ocala, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Pagidipati, Siddhartha STREET ADDRESS 2910 SW 7th Ave CITY-ST-ZIP Ocala FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE D NAME Pagidipati, Rahul DEV STREET ADDRESS 2910 SW 7th Ave CITY-ST-ZIP Ocala, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Pagidipati, STUJANI STREET ADDRESS 2910 SW 7th Ave CITY-ST-ZIP Ocala, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all fields completed.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #