

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90114 038 ***150.00

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1. Entity Name
S.T. DEVELOPMENT CORPORATION

Principal Place of Business
4112 IMPERIAL EAGLE DR.
VALRICO FL 33594

Mailing Address
4112 IMPERIAL EAGLES DR
VALRICO FL 33594



2. Principal Place of Business
210 KINGS COURT

3. Mailing Address

Suite, Apt. #, etc.
112

Suite, Apt. #, etc.

City & State
BRANDON, FL

City & State

4. FEI Number 65-0915208

Applied For
Not Applicable

Zip
33510

Country
USA

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ILLIKAL, SABU J
5112 IMPERIAL EAGLE DR
VALRICO FL 33594

Name SABU ILLIKAL
Street Address (P.O. Box Number is Not Acceptable)
4112 IMPERIAL EAGLE DR
City VALRICO FL Zip Code 33594

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 _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ILLIKAL, SABU J	
STREET ADDRESS	4112 IMPERIAL EAGLE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ILLIKAL, THRESIAMMA	
STREET ADDRESS	4112 IMPERIAL EAGLE DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SABU ILLIKAL 2/13/03 (813) 655-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)