

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.

City & State

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0915208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ILLIKAL, SABU J
5112 IMPERIAL EAGLE DR
VALRICO FL 33594

7. Name and Address of New Registered Agent

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

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
NAME ILLIKAL, SABU J
STREET ADDRESS 4112 IMPERIAL EAGLE DR
CITY-ST-ZIP VALRICO FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME ILLIKAL, THRESIAMMA
STREET ADDRESS 4112 IMPERIAL EAGLE DR.
CITY-ST-ZIP VALRICO FL 33594

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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)