

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
03-14-2001 90487 007 ***150.00

DOCUMENT # P 990000 73-562
1. Entity Name
SU-50, INC. ✓

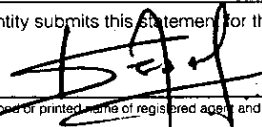
Principal Place of Business 1377 BEVILLE RD
Mailing Address 1377 BEVILLE RD
DAYTONA BEACH, FL 32119 DAYTONA BEACH FL 32119

2. Principal Place of Business 1377 BEVILLE RD
3. Mailing Address 1377 BEVILLE RD
Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____
City & State DAYTONA BEACH FL **City & State** DAYTONA BEACH FL
Zip 32119 **Country** — **Zip** 32119 **Country** —

4. FEI Number 59-3592957 **Applied For** ☐ **Not Applicable** ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KAILESH R. DESAI
1377 BEVILLE RD.
DAYTONA BEACH, FL 32119

7. Name and Address of New Registered Agent
Name — SAME —
Street Address (P.O. Box Number is Not Acceptable) — SAME —
City — SAME — **Zip Code** — SAME — FL

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  KAILESH R. DESAI **DATE** 3/9/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

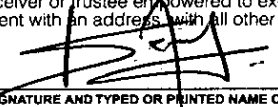
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
— (See criteria on back) ☒

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution: ☐

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT KAILESH R. DESAI 1377 BEVILLE RD DAYTONA BEACH, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  KAILESH R. DESAI **DATE** 3/9/01 **Daytime Phone #** (904) 756-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)