

2000 UNIFORM BUSINESS REPORT (UBR)

6/8

FILED

Jul 13, 2000 8:00 am
Secretary of State

06-08-2000 90002 016 ***150.00

DOCUMENT # P99000075716

1. Entry Name

SIERRA INFORMATION & MANAGEMENT SYSTEMS INC

P99000075716

Principal Place of Business

Mailing Address

3610 CAGNEY DR
TALLAHASSEE

2. Principal Place of Business

3. Mailing Address

TALLAHASSEE

3610 CAGNEY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE FL

TALLAHASSEE FL

4. FEI Number

59-3612081

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAS K RACHULAPALLI
3610 CAGNEY DR
TALLAHASSEE, FL-32308

Name RAS K RACHULAPALLI

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

3610 CAGNEY DR

City TALLAHASSEE

FL

Zip Code 32308

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

RAS K RACHULAPALLI, CEO

05/11/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C.E.O.
NAME RAS K RACHULAPALLI
STREET ADDRESS 3610 CAGNEY DR
CITY-ST-ZIP TALLAHASSEE, FL-32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

RAS K RACHULAPALLI, CEO, 05/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-907-9970

CR2E034 (9/99)