

DOCUMENT # P99000075830

1. Entity Name
A PLUS PROCESSING INC.

Principal Place of Business Mailing Address
4324 SANDDOLLAR CT 4324 SANDDOLLAR CT
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90005 022 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3591188 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERAQUIT, PAUL
4324 SANDDOLLAR CT
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent
Name SANTOSH GOVINDARAJU
Street Address (P.O. Box Number is Not Acceptable)
8910 N. DALE MARBY HWY.
STE 38
City TAMPA FL Zip Code 33614

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 *Santosh Govindaraju* SANTOSH GOVINDARAJU 1/14/01
Signature, typed or printed name of registered agent and date 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, 2001 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	PD	Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVINDARASU, SANTOSH		NAME	SANTOSH GOVINDARAJU	
STREET ADDRESS	8910 N DALE MARBY HWY, 51038		STREET ADDRESS	8910 N. DALE MARBY HWY, STE 38	
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERAQUIT, PAUL		NAME		
STREET ADDRESS	4324 SANDDOLLAR CT		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 reports 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 *Santosh Govindaraju* SANTOSH GOVINDARAJU 1/14/01 (813) 930-0527
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)