

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000009756

**Entity Name:** ONE PLUS CORP

**Current Principal Place of Business:**

31349 WESTWARD HO AVE  
SORRENTO, FL 32776

**Current Mailing Address:**

31349 WESTWARD HO AVE  
SORRENTO, FL 32776 US

**FEI Number:** 84-2028123

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAYAKEERTHI, AMANDA M  
31349 WESTWARD HO AVE  
SORRENTO, FL 32776 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JAYAKEERTHI, VINOD K  
Address 31349 WESTWARD HO AVE  
City-State-Zip: SORRENTO FL 32776

Title CHM  
Name SORENSEN, HENRY L  
Address 10234 SOUTH 2460 EAST  
City-State-Zip: SANDY UT 84092

Title SECRETARY  
Name JAYAKEERTHI, AMANDA  
Address 31349 WESTWARD HO AVE  
City-State-Zip: SORRENTO FL 32776

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMANDA JAYAKEERTHI

SECRETARY/AGENT

07/20/2020

Electronic Signature of Signing Officer/Director Detail

Date