

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90330 031 ***150.00

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DOCUMENT # **P97000058449**

1. Entity Name
VESHNO, INC.



Principal Place of Business
~~381 CALHOUN BOULEVARD, NORTHWEST
TAMPA, FL 32801~~
**3755 Cheney Hwy
Titusville, FL 32780**

Mailing Address
~~381 CALHOUN BOULEVARD, NORTHWEST
TAMPA, FL 32801~~
**4962 EBENSBURG DR
TAMPA, FL 33647**

2. Principal Place of Business
VESHNO INC

3. Mailing Address



Suite, Apt. #, etc.
3755 Cheney Hwy

City & State
Titusville FL

Zip
32780

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3714938**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SARASWAT, REETA
4962 EBENSBURG DRIVE
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	SARASWAT, REETA	4962 EBENSBURG DR.	TAMPA FL 33647	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	president			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: REETA SARASWAT **REETA SARASWAT** **813-782-7482**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)

Attachment #

10109970

P97000058449

I'm mailing you copy
and original paper as
it was returned to me
and got lost in mail
as I've moved from
my permanent address.

Mailing you copy as well
as original CR with
Neshro # P97000058449
Please waive 400.00 Fines fees