

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90326 035 \*\*\*558.75

**DOCUMENT # P00000116652**

1. Entity Name  
**A. K. NURSERY INC.**

Principal Place of Business 2454 W KELLY PARK ROAD APOPKA FL 32703	Mailing Address 2454 W KELLY PARK ROAD APOPKA FL 32703
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
 59-3722587      Applied For  
 Not Applicable

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

**MCLEOD, RAYMOND A**  
**48 EAST MAIN STREET**  
**APOPKA FL 32703**

Name  
**Sang N. Harris**  
 Street Address (P.O. Box Number is Not Acceptable)  
**800 N. Ferncreek Ave., #16**  
 City      **Orlando**      **FL**      Zip Code  
 32803

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: *Sang N. Harris*

6/10/02

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	CHUNG-GU, KANG	
STREET ADDRESS	2454 W KELLY RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NO-EUN, PARK	
STREET ADDRESS	2454 W KELLY RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JIN-SOO, YOON	
STREET ADDRESS	2454 W KELLY RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANG-YONG, PARK	
STREET ADDRESS	2454 W KELLY RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	KYONG-HO, JEE	
STREET ADDRESS	2454 W KELLY RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HO-GUN, PARK	
STREET ADDRESS	2454 W KELLY RD	
CITY-ST-ZIP	APOPKA FL 32703	

TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Park, Seung-Man	
STREET ADDRESS	2454 W. Kelly Road	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D, VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nam, Ki-Yeon	
STREET ADDRESS	2454 W. Kelly Road	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Park, Tae-Woong	
STREET ADDRESS	2454 W. Kelly Road	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ji, Kyong-Ho	
STREET ADDRESS	2454 W. Kelly Road	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Nam Ki-Yeon* Secretary      6/10/02      407-880-2802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)