

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90004 048 \*\*\*150.00

**DOCUMENT # P98000015285**

1. Entity Name  
**CHOU CHOU ENTERPRISES, INC.**

Principal Place of Business 100 PIERCE ST #501 CLEARWATER FL 33756	Mailing Address 100 PIERCE ST #501 CLEARWATER FL 33756
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2. Principal Place of Business P.O. Box 1140	3. Mailing Address P.O. Box 1140
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. PETERS BURG, FL	City & State ST. PETERS BURG, FL	4. FEI Number 59-3493833	Applied For Not Applicable
Zip 33756	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  CHOU, MAY-WONG 100 PIERCE ST. #501 CLEARWATER FL 33756	7. Name and Address of New Registered Agent Name CHOU, MAY-WONG Street Address (P.O. Box Number is Not Acceptable) <del>P.O. Box 1140</del> 214 2nd ST. N. City ST. PETERS BURG, FL FL Zip Code 33756
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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. **33701**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CHOU, SIMON 100 PIERCE ST, #501 CLEARWATER FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CHOU, SIMON P.O. Box 1140 ST. PETERS BURG, FL 33731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD JOHNSON, CLAUDIA 100 PIERCE ST, #501 CLEARWATER FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD JOHNSON, CLAUDIA P.O. Box 1140 ST. PETERS BURG, FL 33731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Claudia Y. Johnson 5/18/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/00)