

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S49967**

1. Entity Name

TPS WU, INCORPORATED

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90086 009 ***550.00

Principal Place of Business

Mailing Address

% NETSCH & ASSOCIATES CPA. PA
9800 S. HEALTHPARK DR. #410
FT MYERS FL 33908
US

% NETSCH & ASSOCIATES CPA. PA
9800 HEALTHPARK CIRCLE SUITE 410
FT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Netsch & Associates
Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

9800 S. HealthPark Dr#410

City & State

City & State

Fort Myers, Florida

Zip

Country

Zip

Country

33908

4. FEI Number

65-0305361

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

WHITNEY, JAMES W
3045 ESTERO BLVD.
SUITE 434
FT. MYERS BCH FL 33931

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.

SIGNATURE

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, 2000 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
NAME **SHUI KWAI LAW, TERESA**
STREET ADDRESS **2471 AVONGATE DRIVE**
CITY-ST-ZIP **MISSISSAUGA, ONT CAN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **NGAN PENG WU, SALLY**
STREET ADDRESS **2471 AVONGATE DRIVE**
CITY-ST-ZIP **MISSISSAUGA, ONT CAN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **LAI TAK WU, PETER**
STREET ADDRESS **2471 AVONGATE DRIVE**
CITY-ST-ZIP **MISSISSAUGA, ONT CAN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000

Date

Daytime Phone #

CR2E034 (9/99)