

2002 ¹⁰³ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067889

1. Entity Name

PAD THAI, INC.

Principal Place of Business

Mailing Address

2260 GREENBACK CIRCLE #203
NAPLES, FL 34112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

COLLIER

COLLIER

4. FEI Number

62-1861567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUM DAOHEUANG
2260 GREENBACK CIRCLE #203
NAPLES, FL 34112

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	DOUM DAOHEUANG	
STREET ADDRESS	2260 GREENBACK CIRCLE #203	
CITY-STATE-ZIP	NAPLES, FL 34112	
TITLE	D.V.P.	<input type="checkbox"/> Delete
NAME	DOUMMALA KOMPONPHADY	
STREET ADDRESS	2260 GREENBACK CIRCLE #203	
CITY-STATE-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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] Date: 4-18-03

FILED
03 APR 22 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400016967864
04/24/03--01074--004 **300.00

CR2E034 (9/99)

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000067889**

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PAD THAI, INC.

Principal Place of Business

Mailing Address

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NAPLES, FL 34112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOUM DAOHEUANG
2260 GREENBACK CIRCLE #203
NAPLES, FL 34112**

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 reappointing)

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**

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Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DOUM DAOHEUANG 2260 GREENBACK CIRCLE #203 NAPLES, FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.P. DOUMMAI KOMPONPHADY 2260 GREENBACK CIRCLE #203 NAPLES, FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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CR2E034 (9/99)

4/18/03

PLEASE ACCEPT OUR CHECK FOR
\$300⁰⁰ FOR THE 2002 AND 2003
ANNUAL REPORTS AND REINSTATE OUR
CORPORATION FOR REASONS BEYOND OUR
CONTROL. WE NEVER RECEIVED EITHER
REPORTS AND ARE TRYING TO OPEN
THE BUSINESS. WE WERE INFORMED
FROM LICENSING THAT WE WERE
DISCLOSED.

Thank you,

Daddy