

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90045 010 \*\*\*150.00

**DOCUMENT # 520048**

1. Entity Name  
**CHINESE ACCUPUNCTURE CLINIC OF WEST FLORIDA, INC**

Principal Place of Business

**827 HILLSIDE DRIVE  
 PALM HARBOR FL 34683  
 US**

Mailing Address

**827 HILLSIDE DRIVE  
 PALM HARBOR FL 34683  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1134 U.S. Hwy 19  
 Suite A  
 Port Richey, Florida  
 34668**

3. Mailing Address

**827 Hillside DR.  
 Suite, Apt. #, etc.  
 Palm Harbor,  
 City & State FL.**

4. FEI Number **59-1711255**

Applied For  
 Not Applicable

Zip **34668**

Country **Pasco**

Zip **34683**

Country **Pinellas**

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

6. Name and Address of Current Registered Agent

**TANG, SIU TSUNG  
 827 HILLSIDE DRIVE  
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **TANG, SHUK HAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**827 HILLSIDE DRIVE**  
 City **PALM HARBOR FL** Zip Code **34683**

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 **Shuk Han Yang**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Jan 9 / 2002**  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TANG, SIU TSUNG 827 HILLSIDE DR PALM HARBOR, FL 34683</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST TANG, SHUK HAN 827 HILLSIDE DR PALM HARBOR, FL 34683</b> <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 9 / 2002 727-784-0020**  
 Date Daytime Phone #

CR2E034 (9/01)