

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 857800**

1. Entity Name  
**KUN-YOUNG CHIU & ASSOCIATES, INC.**

Principal Place of Business 109 EAST ADAIR STREET  VALDOSTA GA 31601	Mailing Address 109 EAST ADAIR STREET  VALDOSTA GA 31601
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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4. FEI Number  
**58-1416942**  
 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

**HIGHTOWER RICHARD A**  
**315 MEALY DR**  
  
**ATLANTIC BEACH FL 32233 US**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE **04/16/2001**  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	V CHIU KUN-YOUNG <input type="checkbox"/> Delete 109 E ADAIR ST VALDOSTA GA 31601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL DONNA O <input type="checkbox"/> Delete 109 E. ADAIR STREET VALDOSTA GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHIU TOSY M <input type="checkbox"/> Delete 109 EAST ADAIR STREET VALDOSTA GA 31601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIS JEFFREY S <input type="checkbox"/> Delete 109 EAST ADAIR STREET VALDOSTA GA 31601
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	<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	PD CHIU JEFFREY S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 109 EAST ADAIR STREET VALDOSTA GA 31601
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: Jeffrey S. Chiu PD 04/16/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)