

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90218 050 ***158.75

04/17/03 AV

DOCUMENT # F13297

1. Entity Name
H.S. KWOH & ASSOCIATES, INC.



Principal Place of Business
**275 96TH AVE N UNIT #1
ST PETERSBURG FL 33702**

Mailing Address
**275 96TH AVE N UNIT #1
ST PETERSBURG FL 33702**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2047402**

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:

**KWOH, HENRY S
1800-72ND AVE NE
ST PETERSBURG FL 33702**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DT** ☐ Delete
NAME **KWOH, GEAN L**
STREET ADDRESS **1800-72ND AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **D** ☐ Delete
NAME **JOHNSON, ROSIE K**
STREET ADDRESS **6160 MCLENDON CT.**
CITY-ST-ZIP **ALEXANDRIA VA**

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

TITLE **PDS** ☐ Delete
NAME **KWOH, HENRY S.**
STREET ADDRESS **1800-72ND AVE., N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **D** ☐ Delete
NAME **KWOH, KENT C**
STREET ADDRESS **316 WILDBERRY ROAK**
CITY-ST-ZIP **PITTSBURGH PA 15238**

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

TITLE **D** ☐ Delete
NAME **OGLESBY, RITA J KWOH**
STREET ADDRESS **1846 COFFEE POT BLVD., NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PRESIDENT 4/16/03 (727) 577-7633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)