

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90075 016 \*\*\*158.75

**DOCUMENT # F36998**

1. Entity Name

**FLORIDA DOMUS INCORPORATED**



Principal Place of Business

**2603 SUNNYSIDE ST  
SARASOTA FL 34239  
US**

Mailing Address

**P. O. BOX 4274  
SARASOTA FL 34230  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2147268**

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

**JAMES R JACKSON  
2603 SUNNYSIDE ST  
SARASOTA, FL  
SARASOTA FL 34239**

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
GUNN, CHIT WHA  
4TH FL N 1 JALAN GEREJA  
KUALA, LUMPUR, MALA00000**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LAU, FOO SUN  
4TH FL N 1 JALAN GEREJA  
KUALA, LUMPUR, MALA00000**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
LAU, RUBY PUI KOON  
4TH FL N 1 JALAN GEREJA  
KUALA, LUMPUR, MALA00000**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
JAMES JACKSON  
2603 SUNNYSIDE ST  
SARASOTA FL 34239**

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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: JAMES R. JACKSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**941 953-3113**

Date Daytime Phone #

CR2E034 (10/02)