

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90293 020 ***150.00

DOCUMENT # F84755

1. Entity Name.

FU KING RESTAURANT, INC.



Principal Place of Business

1101 SOUTH FIRST ST
LAKE CITY FL 32025
US

Mailing Address

1101 SOUTH FIRST ST
LAKE CITY FL 32025
US

60006731



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

649 SW MAIN BLVD
Suite, Apt. #, etc.
SUITE 100

3. Mailing Address

649 SW MAIN BLVD
Suite, Apt. #, etc.
SUITE 100

City & State

LAKE CITY FL

City & State

LAKE CITY FL

4. FEI Number

59-2204888

Applied For

Not Applicable

Zip

32025

Country

USA

Zip

32025

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASKIN, SAXTON R., III
1902 DREW STREET
CLEARWATER FL 33515

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KAM, ANNA PUN
668 S CHESTNUT ST
LAKE CITY, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KAM, HUNG-LOI
668 S CHESTNUT ST
LAKE CITY, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME
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CITY-ST-ZIP
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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 OF DIRECTOR HUNG LOI KAM 1/8/03 386-752-6044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)