

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002482

1. Entity Name

ESCOR AMERICA, INCORPORATED

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90008 032 ***150.00

Principal Place of Business

Mailing Address

~~240 E. MONUMENT AVE., STE. C~~
~~KISSIMMEE FL 34741~~

~~210 E. MONUMENT AVE., STE. G~~
~~KISSIMMEE FL 34744-5798~~

2. Principal Place of Business

1400 CROWN VIEW CT.

Suite, Apt. #, etc.

3. Mailing Address

1400 Crown View Ct.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FLORIDA

City & State

Kissimmee FL

4. FEI Number

59-3503096

Applied For

Not Applicable

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

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

SHIM, HAN SUCK

~~210 E. MONUMENT AVE., STE. G~~
~~KISSIMMEE FL 34741~~

Name

SHIM, HAN SUCK

Street Address (P.O. Box Number is Not Acceptable)

1400 Crown View Ct.

City

KISSIMMEE

FL

Zip Code

34744

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
SHIM, HAN SUCK
210 E. MONUMENT AVE., STE. C
KISSIMMEE FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SHIM, HAN SUCK
1400 CROWN VIEW CT.
KISSIMMEE FL 34744 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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] HAN SUCK SHIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000 (407) 301-9753

Date

Daytime Phone #