2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G00147** SAM CHIN COMPANY Mailing Address Principal Place of Business P.O. BOX 550 19769 152ND ST. SHARPSBURG NC 27878 LIVE OAK FL 32060 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip 6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

APOL, STEPHEN J

4978 COUNTRY LANE

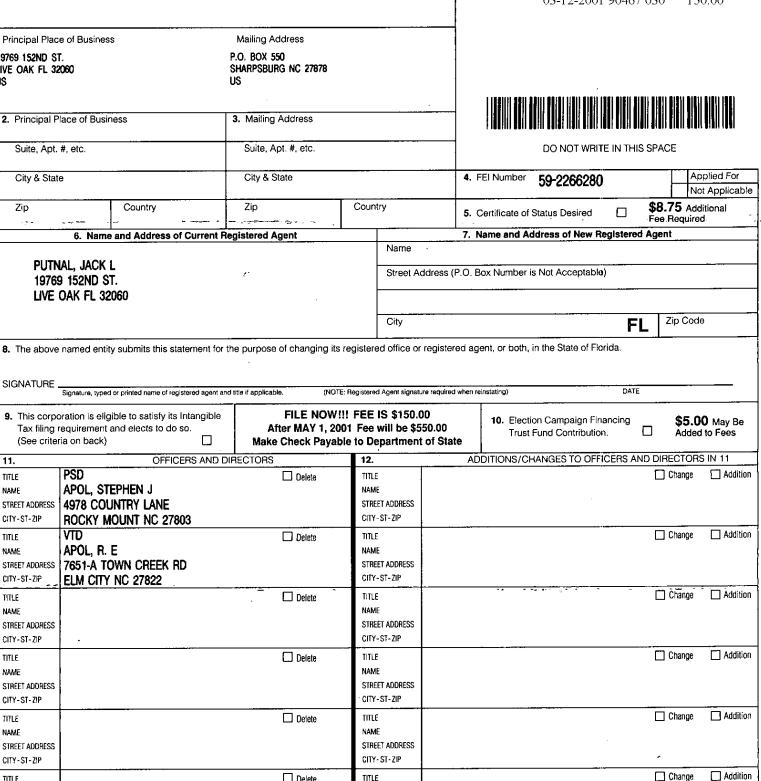
ROCKY MOUNT NC 27803

7651-A TOWN CREEK RD

ELM CITY NC 27822

FILED Mar 12, 2001 8:00 am Secretary of State

03-12-2001 90467 030 ***150.00



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.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

PUTNAL, JACK L

19769 152ND ST. LIVE OAK FL 32060

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-7IP

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NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

(See criteria on back)

PSD

VTD

APOL, R. E

SIGNATURE AND TYPED OR PMINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEND APOL