
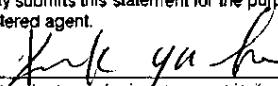
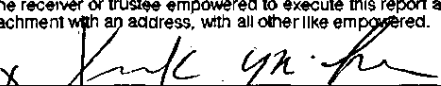


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90826 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J53424			
1. Entity Name KUMQUAT TREE, INCORPORATED			
Principal Place of Business 3005 W. LAKE MARY BLVD SUITE 108 LAKE MARY, FL 32746		Mailing Address 2821 LAKE BREEZE CR LAKE MARY, FL 32746	
2. Principal Place of Business → 3005 W. Lake Mary Blvd Suite, Apt. #, etc. Suite #108 City & State Lake Mary FL Zip FL32746 Country U.S.		3. Mailing Address 3005 W. Lake Mary Blvd Suite, Apt. #, etc. Suite #108 City & State Lake Mary FL Zip 32746 Country U.S.	
4. FEI Number 59-2762931		Applied For <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAU, KWOK YU 282 LAKE BREEZE CR LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Knok Yu Lau Street Address (P.O. Box Number is Not Acceptable) 3005 W. Lake Mary Blvd Suite #108 City Lake Mary FL Zip Code 32746	
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  Knok Yu Lau, President 4.29.03 (NOTE: Registered Agent's signature required when reinstating)			
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. <input type="checkbox"/> \$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 P LAU, KWOK YU 282 LAKEBREEZE CIR LAKE MARY, FL 32746 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP P Lau, Knok Yu 346 Rockwell Cir Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST LAU, PUI MEI 282 LAKEBREEZE CIR LAKE MARY, FL 32746 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ST Lau, Pui mei 346 Rockwell Cir Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:  Knok Yu Lau, President 4/28/03 407-328-8811 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/02)