

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **JL4051**

1. Entity Name  
**BANGKOK EXCHANGE Market, INC.**

APPROVED  
AND  
FILED

00 APR 18 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

**704 S. TYNDALL PKWY** **704 S. TYNDALL PKWY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PANAMA CITY FL**

City & State

**PANAMA CITY**

4. FEI Number

**59-2781238**

Applied For

Not Applicable

Zip  
**32404**

Country

**BAG**

Zip

**32404**

Country

**USA**

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

**HORACE COLONEL**  
**704 S. TYNDALL PKWY.**  
**PANAMA CITY, FL 32404**

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.

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 ☐ Delete  
NAME **T**  
STREET ADDRESS **SUPON KOEYSOMBODN**  
CITY-ST-ZIP **100 TAPKASATRI RD, THALANG PHUKET, TH.**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **200003219882--0**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **KAN JANE COLONEL**  
CITY-ST-ZIP **704 S. TYNDALL PKWY PANAMA CITY, FL 32404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **-04/24/00--01036-002**  
**\*\*\*150.00 \*\*\*150.00**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **JARUNYA SRISONGKRAM**  
CITY-ST-ZIP **100 TAPKASATRI RD, THALANG PHUKET, TH 83110**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **JEERAJIT KOEYROMBOON**  
CITY-ST-ZIP **100 TAPKASATRI RD, THALANG PHUKET, TH.**

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

TITLE ☐ Delete  
NAME **H**  
STREET ADDRESS **HORACE COLONEL**  
CITY-ST-ZIP **704 S. TYNDALL PKWY, PANAMA CITY, FL 32404**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. I hereby certify that the information supplied in this 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 to this report, and address and other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #