2002 UNIFORM BUSINESS REPORT (UBR)

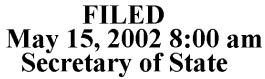
J83440 DOCUMENT

1. Entity Name

FLORIDA CHINA KWIK, INC.

Mailing Address

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



05-15-2002 90035 019 ***150.00

Principal Place of Business 201 WEST FIRST ST 201 WEST FIRST ST SUITE 300 SUITE 300 SANFORD FL 32771 SANFORD FL'32771 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2831111 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMMONS, DAVID H Street Address (P.O. Box Number is Not Acceptable) 332 N. MAGNOLIA AVE. ORLANDO FL 32801 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME PAULUCCI, JENO F. NAME STREET ADDRESS STREET ADDRESS 201 W. FIRST ST. CITY-ST-ZIP CITY-ST-ZIP SANFORD FL ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME NELSON, LARRY W. STREET ADDRESS STREET ADDRESS 201 W FIRST ST CITY-ST-ZIP CITY-ST-ZIP SANFORD FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME VANNESTE, DONALD STREET ADDRESS 201 W FIRST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL ☐ Change Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson, VP

Daytime Phone #