FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

| UNIFORM BUSINESS | REPORT (UBR) | • |
|--|--|--|
| DOCUMENT # 1491967 1. Entity Name | | FILED |
| Central Grading | Inc | 03 OCT 21 PH 2: 33 |
| DO NOT WRITE IN | | secretary of state tall ahassee, florida 700023966237 10/21/0301042012 **550.00 |
| | iling Address 230 Belve dere Roll le. Apt. #, etc. | DO NOT WRITE IN THIS SPACE $$ |
| Englewood Fla. E | state wood Fla. | 4. FEI Number Applied For Applied For Not Applicable |
| 34223 Sarasota Zip | 34223 Sqrq50fg | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | | 7. Name and Address of Current Registered Agent |
| | Name | area Lee |
| DO_NOT_WRIT | | P.O. Box Number is Not-Acceptable) |
| IN THIS SPAC | – ਤਹਾਜ਼—੍ਹ | Fourth St |
| IN THIS STAG | | |
| | City | 7 FI Zip Code |
| 9. The above named entity submits this statement for the pur | one of changing its registered office or register | red agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligations of registered agent. | or a changing to regionated emberor regional | or agon, or bon, in the state of Foliaa. Fair armar will, and accept |
| SIGNATURE Signature Apert or printer hand of registered agent and title if ap | Olicable. (NOTE: Reprétered Agent signature required | t when reinstating) DATE DATE |
| January 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | - | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTO | DRS PROPERTY OF THE PROPERTY O | |
| TITLE P D | TITLE | |
| NAME Bradley J. Hong STREET ADDRESS 227 Onfiz Blvd. | NAME | |
| STREET ADDRESS 227 Ontiz 15100 - | STREET ADDRESS 47.97 CITY-ST-ZIP | |
| | | |
| TITLE S NAME Revenla Hong | TITLE NAME | |
| NAME Beverly Hong STREET ADDRESS 1088 Laurel Woods CITY-ST-ZIP No Komis Fla. 34 | Pr. STREET ADDRESS | 700023966237 10721703=-01042=-013 **611,25 |
| CITY-ST-ZIP No Komis Fla. 34 | 2 75 CITY-ST-ZIP | 10/21/05=01042=015 **61:25 |
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| STREET ADDRESS | STREET ADDRESS | |
| CITY-ST-ZIP | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing | does not qualify for the exemption stated in Se | ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director |

R2E034B (12/0)

IGNATURE:

| Comparison of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

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