

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90047 017 ***150.00

DOCUMENT # K95752

1. Entity Name

HOVEN INC.

Principal Place of Business

6015 BENJAMIN RD
SUITE 332
TAMPA FL 33634
US

Mailing Address

6015 BENJAMIN RD
SUITE 332
TAMPA FL 33634
US

2. Principal Place of Business

7031 Benjamin Rd.

Suite, Apt. #, etc.

Suite C

City & State
Tampa, FL 33634

Zip
33634

Country
USA

3. Mailing Address

7031 Benjamin Rd.

Suite, Apt. #, etc.

Suite C

City & State
Tampa, FL 33634

Zip
33634

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0130031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LO, LIN LIE-YUH
17003 EQUESTRIAN TRAIL
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name LO, LIN LIE-YUH
Street Address (P.O. Box Number is Not Acceptable)
6219 Savannah Breeze Ct., Apt. #104
City Tampa FL Zip Code 33625

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LO, LIN LIE-YUH 17003 EQUESTRIAN TRAIL ODESSA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LO, CHIEN-CHUAN 17003 EQUESTRIAN TRAIL ODESSA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LO, LIN LIE-YUH 6219 Savannah Breeze Ct., Apt. #104 Tampa, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LO, CHIEN-CHUAN 6219 Savannah Breeze Ct., Apt. #104 Tampa, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LO, Lin Lie-Yuh

4/04/01 813-886-9328

CR2E034 (10/00)