2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019313

1. Entity Name

JK MARSHAL, LLC

Principal Place of Business	Mailing Address
4814 NORTHDALE BLVD. TAMPA FL 33624	4814 NORTHDALE BLVD. TAMPA FL 33624

940140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3160851

Applied For ☐ / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHOY NG, SENG 4814 NORTHDALE BLVD. TAMPA FL 33624	Name SENG CHOY, NG Street Address (P.O. Box Number is Not Acceptable) 4814 NORTHDALE BLVD. City TAMPA FL Zip Code 33624

DEPARTMENT OF STATE

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: _____ SENG CHOY NG   04-17-02

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE MGR NAME SIEN TAN, SOOK STREET ADDRESS BLK 37 HUME AVE. #08-02 CITY-ST-ZIP SINGAPORE 598736	☐ Delete	TITLE MGR NAME SOOK SIEN, TAN STREET ADDRESS BLK 37 HUME AVE. #08-02 CITY-ST-ZIP SINGAPORE 598736	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ SIGNATURE REQUIRED SOOK SIEN, TAN   8th April 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #