## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 27, 2002 8:00 am § Secretary of State L23768 DOCUMENT # 1. Entity Name ALTERATIONS ETC OF TALLAHASSEE, INC. 03-27-2002 90081 034 \*\*\*150.00 Principal Place of Business Mailing Address C/O YIZHEN WANG C/O YIZHEN WANG 3425 THOMASVILLE ROAD, UNIT E3 3425 THOMASVILLE ROAD. UNIT E3 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2972521 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENSON, ALBERT C. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 701 E TENNESSEE ST TALLAHASSEE FL 32308 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F ☐ Change Addition NAME WANG, YIZHEN NAME STREET ADDRESS 123 IVERNIA LOOP STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CHANG, SHENG CHIEN NAME STREET ADDRESS STREET ADDRESS 2628 BEDFORD WAY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE ☐ Delete TITLE \_ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>TITI F</del> Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

5 III.

**FILED**