2003 FOR PROFIT CORPORATION

Mar 11, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # L48352 1. Entity Name 03-11-2003 90132 018 ***150.00 C & K GROUP, INC. Principal Place of Business Mailing Address 2573 PACES FERRY ROAD 2573 PACES FERRY ROAD ORANGE PARK FL 32073 **ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2994868 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHEN, BILL H. Street Address (P.O. Box Number is Not Acceptable) 2573 PACES FERRY ROAD **ORANGE PARK FL 32073** 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. I am familiar with, and accept the obligations of registered agent. **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. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME Chen. Bill H. STREET ADDRESS 2573 PACES FERRY RD. STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KUO, JEAN S.C. NAME STREET ADDRESS 2573 PACES FERRY RD. STREET ADDRESS CITY-ST-ZIE ORANGE PARK FL 32073 CITY-ST-ZIP TITLE SD . Delete ____ TITI F _____ Addition NAME CHEN, SOU YUIN NAME STREET ADDRESS 2573 PACES FERRY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORANGE PARK FL 32073 TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if

NAME

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STREET ADDRESS

STREET ADDRESS

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SIGNATURE which his SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

☐ Addition

FILED