## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## L53179 **DOCUMENT #**

1. Entity Name

Principal Place of Business

MOY SAM CORPORATION OF FLORIDA



**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90950 044 \*\*\*150.00

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2. Principal Place of Business		3. Mai	3. Mailing Address				) (001/01)	ANDUR BUBUL ANDUR BI	HE H (11811 1111)	
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Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. 1	FEI Number NOT APPLICABLE	<del></del>	oplied For	
Zip	Country	Zip	Zip Coun				·		ot Applicable	
Lip Godnity			Zip Oddi		, ,	5. Certificate of Status Desired S8.75 Addition Fee Required				
- 6. Name and Address of Current Registered Agent						7. 1	Name and Address of New Registered	Agent		
				ļ	Name					
Ruey-how hwang			Street Address (F			ress (P.O. B	P.O. Box Number is Not Acceptable)			
	. PINE AVENUE		Street Address to							
OCALA FL	_ 34474			l						
•				ľ	City		F	Zip Code	e -	
P. The chouse	named antity submits this statemen	ant for the auro	oso el absociocito de		d office or se	ainternal an	gent, or both, in the State of Florida. I an			
	ions of registered agent.	int for the purp	ose of changing its r	registere	a office of re	gistered ag	gent, or both, in the state of Florida. I am	i tamıllar witin,	and accept	
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SIGNATURE .	Signature, typed or printed name of registered	agent and title if app	licable. (NOTE:	Registered	Agent signature re	equired when re	einstating) DATE			
	U.F. MOWING FEET 10, 0450,00		<del>_</del>			<del></del>	<u> </u>			
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550	1					9. Election Campaign Financing	\$5.0	May Be	
Make Check	c Payable to Florida Departme	nt of State					Trust Fund Contribution.	☐ Added	to Fees	
10.	OFFICERS /	AND DIRECTO	L RS	11.		AD	DDITIONS/CHANGES TO OFFICERS AN	D DIBECTORS	S IN 11	
TITLE	D		☐ Delete	TITLE			, , , , , , , , , , , , , , , , , , , ,	Change	Addition	
NAME	CHRISTMANN, THOMAS G.		- O(1010	NAME	í					
STREET ADDRESS	527 EAST UNIVERSITY AVE. GAINESVILLE FL			STREE	T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE	PTS		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	RUEY-HOW HWNAG			NAME	[					
STREET ADDRESS	1048 SW PINE AVENUE				T ADDRESS					
CITY-ST-ZIP	OCALA FL			CITY-	ST-ZIP					
TITLE		<del></del>	Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	Change		
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STREET ADDRESS					T ADDRESS				1	
					ST-ZIP					
12 Thereby o	ertify that the information conclied	with this filing.	done not qualify for t	tha avan	antion stated	in Continn	110 07/3\/i\ Elorido Statutos I furthor oc	sveifi r ehme ehm in	eformation	

remove certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/(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 of 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED N