

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

0081015

**DOCUMENT # N000000000408**

1. Entity Name

**FORGOTTEN KOREAN VETS., INC.**

02-21-2002 90049 037 \*\*\*\*\*61.25

Principal Place of Business

**8048 ROSE TERR  
LARGO FL 33777-3020  
US**

Mailing Address

**8048 ROSE TERR  
LARGO FL 33777-3020  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3630902**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEEPLES, GENE  
8048 ROSE TERR  
LARGO FL 33777-3020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Delete
NAME	PEEPLES, FRANCIS E	
STREET ADDRESS	8048 ROSE TERRACE	
CITY-ST-ZIP	LARGO FL 33777	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DAC	<input type="checkbox"/> Delete
NAME	MCGUIRE, TOM	
STREET ADDRESS	2419 GULF TO BAY #368	
CITY-ST-ZIP	CLEARWATER FL 34625	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TS	<input type="checkbox"/> Delete
NAME	GREGORY, WINNIE	
STREET ADDRESS	1518 9TH AVENUE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TT	<input type="checkbox"/> Delete
NAME	PERKINS, JACKIE	
STREET ADDRESS	7349 ULMERTON ROAD #180	
CITY-ST-ZIP	LARGO FL 33771	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	PERKINS, JOHN	
STREET ADDRESS	7349 ULMERTON ROAD #180	
CITY-ST-ZIP	LARGO FL 33771	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PEEPLES, GENE** **2/4/02 (727) 397-8801**

CR2E037 (9/01)