

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91470 009 ***150.00

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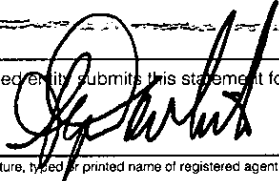
1. Entity Name
PROPMAN'S SHOP, INC.

Principal Place of Business **116 HAND ST** Mailing Address **116 HAND ST**
~~817 SAWDUST TRAIL~~ **34741** ~~817 SAWDUST TRAIL~~ **34741**
34741 **34741**

2. Principal Place of Business **116 HAND ST** 3. Mailing Address **SAME**
 Suite, Apt. #, etc.

City & State **Kissimmee** City & State **Kissimmee** 4. FEI Number **59-3644445** Applied For ☐ Not Applicable ☐
 Zip **34741** Country **OSCEOLA** Zip **34741** Country **FL** 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent **WHITE, STEPHEN L**
817 SAWDUST TRAIL
KISSIMMEE FL 34744
 7. Name and Address of New Registered Agent
 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  DATE **4-16-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, STEPHEN L	CEO	NAME	PENG YANN	
STREET ADDRESS	2314 IRLO DRIVE		STREET ADDRESS	857 LONG BAY CT	
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, JAMES R		NAME		
STREET ADDRESS	2506 W. OAK STREET		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **4-16-2002** Daytime Phone #

CR2E034 (9/01)