FILED
Jun 27, 2002 8:00 am
Secretary of State
05-27-2002 90445 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072434

1. Entity Name

CHUN MAINTENANCE SERVICE, INC.

DO NOT WRITE IN THIS SPACE

95135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1504 BELLE CHASE CIRCLE	1502 WEST BUSCH BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE A2
City & State TAMPA FL	City & State TAMPA FL
Zip 33634 Country	Zip 33612 Country

4. FEI Number 59-3662054 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JAE H KIM

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

1502 W. BUSCH BLVD. STE A2

City TAMPA FL Zip Code 33612

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE PSTD NAME CHUN, HAE JIN STREET ADDRESS 1504 BELLE CHASE CIRCLE CITY-ST-ZIP TAMPA FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Hae J Chun 04/30/02 (813)267-2972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #