

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90061 008 \*\*\*150.00

**C0049143**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <span style="font-size: 1.2em;">P00000081969</span>			
<b>1. Entity Name</b> <span style="font-size: 1.2em;">WOK 8 EXPRESS INC</span>			
<b>Principal Place of Business</b> <span style="font-size: 1.2em;">1301-7 MONUMENT RD</span> <span style="font-size: 1.2em;">JACKSONVILLE, FL 32225</span>		<b>Mailing Address</b>	
<b>2. Principal Place of Business</b> <span style="font-size: 1.2em;">1301-7 MONUMENT RD</span>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <span style="font-size: 1.2em;">JACKSONVILLE, FL</span>		<b>City &amp; State</b>	
<b>Zip</b> <span style="font-size: 1.2em;">32225</span>	<b>Country</b> <span style="font-size: 1.2em;">USA</span>	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> <span style="font-size: 1.2em;">59-3665901</span>		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <span style="font-size: 1.2em;">LAM B KHA</span> <span style="font-size: 1.2em;">1301-7 MONUMENT RD</span> <span style="font-size: 1.2em;">JACKSONVILLE, FL 32225</span>		<b>7. Name and Address of New Registered Agent</b>	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>DATE</b> _____			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <span style="font-size: 1.2em;">4/18/01</span> Daytime Phone #: <span style="font-size: 1.2em;">904-425-0202</span>	

CR2E034 (11/00)