

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90225 039 \*\*\*150.00

**DOCUMENT # P00000098074**

**1. Entity Name**  
**WINDERMERE AMURA CORPORATION**



**Principal Place of Business**  
**55 WEST CHURCH STREET SUITE 170**  
**ORLANDO FL 32801**

**Mailing Address**  
**55 WEST CHURCH STREET SUITE 170**  
**ORLANDO FL 32801**

**2. Principal Place of Business**  
**7786 W. Sand Lake Rd.**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**7786 W. Sand Lake Rd.**  
**Suite, Apt. #, etc.**

**City & State**  
**Orlando, FL**

**City & State**  
**Orlando, FL**

**4. FEI Number** **59-3679624**

**Applied For**  
**Not Applicable**

**Zip** **32819** **Country** **US**

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

**6. Name and Address of Current Registered Agent**

**B&C CORPORATE SERVICES OF CENTRAL FLA INC**  
**390 NORTH ORANGE AVENUE SUITE 1100**  
**ORLANDO FL 32801**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **CHUNG, CHRISTOPHER K**  
**STREET ADDRESS** **55 WEST CHURCH STREET SUITE 170**  
**CITY-ST-ZIP** **ORLANDO FL 32801**

**TITLE** **DP** ☒ Change ☒ Addition  
**NAME** **7786 W. Sand Lake Rd.**  
**STREET ADDRESS** **Orlando, FL 32819**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **MOON, SUK HOON K**  
**STREET ADDRESS** **55 WEST CHURCH STREET SUITE 170**  
**CITY-ST-ZIP** **ORLANDO FL 32801**

**TITLE** **DV** ☒ Change ☒ Addition  
**NAME** **Moon, Suk Hoon**  
**STREET ADDRESS** **7786 W. Sand Lake Rd.**  
**CITY-ST-ZIP** **Orlando, FL 32819**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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**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 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 NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)