

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**  
02-07-2002 90078 009 \*\*\*150.00

**DOCUMENT # P00000108465**

1. Entity Name  
**AM-KO CLEANING SERVICES, INC.**

Principal Place of Business

**PO BOX 60806  
PALM BAY FL 32906**

Mailing Address

**PO BOX 60806  
PALM BAY FL 32906**

BU019742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Am-ko Cleaning Services, Inc. P O Box 60806**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

**Palm Bay FL**

4. FEI Number

**59-3684786**

Applied For

Not Applicable

Zip  
**32906**

Country

**Brevard**

Zip

**32906**

Country

**Brevard**

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

**JACOBY, DAVID H**

**1581 ROBERT J CONLAN BLVD NE STE 100**

**PALM BAY FL 32905**

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

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

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**O**  
**OHO, PAN J**  
**PO BOX 60806**  
**PALM BAY FL 32906**  
☐ Delete

**OHO → CHO**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**My name CHO.PAN J**  
**This is not change**  
**You just Miss my last name**  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**YU, HYUN D**  
**PO BOX 60806**  
**PALM BAY FL 32906**  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Sang I. Cho**  
**Po Box 60806**  
**Palm Bay Fl 32906**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/22/02 321-403-3154**

CR2E034 (9/01)