## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2002 8:00 am Secretary of State P00000113840 DOCUMENT # 1. Entity Name CHINA DRAGON CORPORATION 04-21-2002 90850 009 \*\*\*150.00 . . . . . . Principal Place of Business Mailing Address 815 N. 14TH STREET 815 N. 14TH STREET 815 LEESBURG FL 34748 LEESBURG FL 34748 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3684451 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAI, BOYA 🕹 Street Address (P.O. Box Number is Not Acceptable) 815 N. 14TH STREET LEESBURG FL 34748 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed anni FILE NOW!!LEEE IS \$150.00 9. This corporation is eligible to satisfy its intangible = =10:-Election:Campaign:Financing= \$5.00 May Be ... After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD TITLE Delete TITLE LO. HO NAME NAME 25321 TERRA SIESTA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE. DAI, BOYA NAME NAME STREET ADDRESS 25321 TERRA SIESTA LANE STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

FILED