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FILED

Apr 24, 2002 8:00 am  
Secretary of State

02-24-2002 90029 049 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004520

1. Entity Name  
QUEEN HOUSE, INC.

Principal Place of Business

2296 STATE ROAD 580  
CLEARWATER FL 33763

Mailing Address

2296 STATE ROAD 580  
CLEARWATER FL 33763

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

39-3691951

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JIANG, LEI GUI FEI  
2296 STATE ROAD 580  
CLEARWATER FL 33763

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ DeletePRESIDENT  
LEI GUI FEI JIANG  
1787 SPUTFORK DR.  
OLDEMAR, FL 34627TITLE NAME ☐ DeleteV.P.  
JUN QUN ZHANG  
1787 SPUTFORK DR.  
OLDEMAR, FL 34627TITLE NAME ☐ DeleteTITLE NAME ☐ DeleteTITLE NAME ☐ DeleteTITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ 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: X Lei Gui Fei Jiang  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

(727) 726-9120

Daytime Phone #

CR2E034 (9/01)