

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-11-2002 90149 025 ***150.00

DOCUMENT # P01000018929

1. Entity Name
CHUN-YOUNG, INC.

Principal Place of Business
503 ROYAL ROAD
ST. AUGUSTINE FL 32086

Mailing Address
503 ROYAL ROAD
ST. AUGUSTINE FL 32086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3915 AIA SOUTH

Suite, Apt. #, etc.

Suite 101

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST AUGUSTINE FL

City & State

Zip

32080

Country

ST. JOHN

Zip

Country

4. FEI Number

59-3728505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHU, HANJING
503 ROYAL ROAD
ST. AUGUSTINE FL 32086

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.

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT/SECRETARY/TREASURY
STREET ADDRESS	HANJING SHU
CITY-ST-ZIP	503 ROYAL RD
	ST AUGUSTINE, FL 32086
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	WEI ZONG XING
CITY-ST-ZIP	503 ROYAL RD
	ST AUGUSTINE, FL 32086
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	GUO XI ZHANG
CITY-ST-ZIP	503 ROYAL RD
	ST AUGUSTINE, FL 32086
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/02

CR2E034 (9/01)