

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

DOCUMENT # P01000044192

1. Entity Name
CHICK GARDEN INC.

07-01-2002 90354 010 ***150.00

Principal Place of Business
451 EAGLE RIDGE DR
LAKE WALES FL 33853

Mailing Address
451 EAGLE RIDGE DR
LAKE WALES FL 33853

2. Principal Place of Business
816 EAGLE RIDGE DR
 Suite, Apt. #, etc.

3. Mailing Address
2564 PARTRIDGE DR
 Suite, Apt. #, etc.

City & State
LAKE WALES, FL
 Zip **33853** Country **POK**

City & State
Winter Haven, FL
 Zip **33844** Country **POK**

4. FEI Number
9-3716826

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NGUYEN, LINH T
451 EAGLE RIDGE DR
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
816 EAGLE RIDGE DR.
 City **LAKE WALES, FL.** FL Zip Code **33853**

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 TUAN A NGUYEN V.P. **8/7/02**
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. ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, TUAN A 2564 PARTRIDGE DR WINTER HAVEN FL 33884	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. 2564 T. NGUYEN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. LINH T. NGUYEN 2564 PARTRIDGE DR WINTER HAVEN, FL. 33884	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. TUAN A. NGUYEN 2564 PARTRIDGE DR WINTER HAVEN, FL. 33884	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 REQUIRED

8/7/02 863-679-1719

0128526 AT

CR034 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment
41217

DOCUMENT # P01000044192			
1. Entity Name CHICK GARDEN INC			
Principal Place of Business 451 EAGLE RIDGE DR LAKE WALES FL 33853		Mailing Address 451 EAGLE RIDGE DR LAKE WALES FL 33853	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 59-3716826		Applied For Not Applicable	
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	
NGUYEN, LINH T 451 EAGLE RIDGE DR LAKE WALES FL 33853		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 date if applicable. (NOTE: Registered Agent's signature required when remaining)			
9. This corporation is eligible to satisfy its intangible		10. Election Campaign Financing	
Filing requirements and effects to do so: (See criteria on back) ☐		Trust Fund Contribution, ☐ \$5.00 may be Added to Fees	
FILE NOW!!! FEE IS \$150.00 Under July 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
D VICE PRESIDENT NGUYEN, TUAN A 2564 CARTRIDGE DR WINTER HAVEN FL 33884		PRESIDENT LINH N. NGUYEN 2564 PARK RIDGE DRIVE WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		Chick Garden 2564 Park Ridge Dr. Winter Haven, FL 33884	Please mail to this address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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)(f), 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: <i>Chick Garden</i> DIRECT 4/9/10 813-206-5007			

CR2E004 (8/01)

Attachment

7/1/2002-90354-010-\$150.00-\$150.00

41217

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044192

1. Entity Name
CHICK GARDEN INC

Principal Place of Business
816 Eagle Ridge Dr.
LAKE WALES FL 33853

Mailing Address
816 Eagle Ridge Dr.
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3716926

Applied For
Not Applicable

5. Certificate of Status Created

68.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Past Registered Agent

WALTER LAM T
481 EAGLE RIDGE DR
LAKE WALES FL 33853

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 provided by applicant

NOTE: Registered Agent signature required when removing

9. This corporation is eligible to satisfy its intangible tax filing requirements and desires to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
Annual Report 1/2002 Fee \$150.00
Make Check Payable to Department of State

10. Election Campaign Contribution
Trust Fund Contribution

\$5,000 May be Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0 VICE PRESIDENT
WALTER LAM T
481 EAGLE RIDGE DR
LAKE WALES FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LINH N. NGUYEN
2564 PARK RIDGE DRIVE
WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHICK GARDEN
2564 PARK RIDGE DR.
WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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TITLE
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)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report to have been accurate and that the signature shall have the legal effect as if made under oath and that I am an officer or director of the corporation or the individual or limited partnership to which this report is 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 changes.

SIGNATURE:

Walter Lam T
Dated 7/1/02 \$150.00