

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000053067**

1. Entity Name
UKING DISTRIBUTION INC.



Principal Place of Business
1616 CAMERBUR DR.
ORLANDO FL 32805

Mailing Address
1616 CAMERBUR DR.
ORLANDO FL 32805

2. Principal Place of Business

3412 Curry Ford Rd

3. Mailing Address

3412 Curry Ford Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32806

Zip

32806

Country

USA

4. FEI Number

59-3725025

Applied For

Not Applicable

Country

USA

5. Certificate of Status Desired

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

**HALBERT, HONG W
1616 CAMERBUR DR.
ORLANDO FL 32805**

Name

Hong W Halbert

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

**3412 Curry Ford Rd
Orlando FL 32806**

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. I am familiar with, and accept the obligations of registered agent.

Hong W. Halbert

1/6/03

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	Halbert, Hong W. Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALBERT, HONG W		NAME		
STREET ADDRESS	1616 CAMERBUR DR.		STREET ADDRESS	3412 Curry Ford Rd	
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP	Orlando FL 32806	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Halbert, Henry C. V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALBERT, HENRY C		NAME	3412 Curry Ford Rd	
STREET ADDRESS	1616 CAMERBUR DR.		STREET ADDRESS	Orlando FL 32806	
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, XUANLIE		NAME		
STREET ADDRESS	1616 CAMERBUR DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hong W. Halbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

407-616-9392

Daytime Phone #

**FILED
Feb 21, 2003 8:00 am
Secretary of State**

02-21-2003 90190 029 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)