

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90190 029 ***150.00

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
Suite, Apt. #, etc.

3. Mailing Address

3412 Curry Ford Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number **59-3725025**

Applied For
☐ Not Applicable

Zip
32806

Country
USA

Zip
32806

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**

7. Name and Address of New Registered Agent

Name **Hong W Halbert**

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

3412 Curry Ford Rd

City **Orlando FL** Zip Code **32806**

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 **Hong W. Halbert**

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

(NOTE: Registered Agent signature required when reinstating)

1/6/03
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

TITLE **D** ☐ Delete
NAME **HALBERT, HONG W**
STREET ADDRESS **1616 CAMERBUR DR.**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **D** ☐ Delete
NAME **HALBERT, HENRY C**
STREET ADDRESS **1616 CAMERBUR DR.**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **D** ☒ Delete
NAME **WANG, XUANLIE**
STREET ADDRESS **1616 CAMERBUR DR.**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☒ Change ☐ Addition
NAME **Halbert, Hong W.**
STREET ADDRESS **3412 Curry Ford Rd**
CITY-ST-ZIP **Orlando FL 32806**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **Halbert, Henry C**
STREET ADDRESS **3412 Curry Ford Rd**
CITY-ST-ZIP **Orlando FL 32806**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

407-646-9892
Daytime Phone #

CR2E034 (10/02)