

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90047 001 *****8.75
 09-23-2002 90047 002 ***150.00

DOCUMENT # P01000053818

1. Entity Name
A/C ZONE INC.

Principal Place of Business
**7102 PLANTATION LAKES CIRCLE
 SANFORD FL 32771
 US**

Mailing Address
**P. O. BOX 766
 WINDERMERE FL 34786
 US**

2. Principal Place of Business
5621 ENGLISH OAK CT.

3. Mailing Address
5621 ENGLISH OAK CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANFORD, FLORIDA

City & State
SANFORD, FLORIDA

Zip
32773

Country
USA

Zip
32773

Country
USA

4. FEI Number
59-3724956

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HO SHIN, HUGH F
 7102 PLANTATION LAKES CIRCLE
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name
HUGH F. HO SHIN

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

5621 ENGLISH OAK CT.

City
SANFORD

FL

Zip Code
32773

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  **HUGH F. HO SHIN, PRESIDENT**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HO SHIN, HUGH F 7102 PLANTATION LAKES CIRCLE SANFORD FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HO SHIN, HUGH F. 5621 ENGLISH OAK CT. SANFORD, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/09/02 407-509-1502

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
99107

5621 English Oak Ct.
Sanford, FL 32773
Phone: (407) 509-1502
Fax: (407) 324-7658

A/C Zone Inc.

P01000053818

September 10, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find our completed UBR and a check in the amount of \$150.00 for the original filing fee.

I am requesting that the late fee be waived because we did not receive the prior notice of
2002 Uniform Business Report for A/C Zone Inc.

Sincerely,



Hugh F. Ho Shin
President

