

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/28/

FILED
Jun 19, 2003 8:00 am
Secretary of State

04-28-2003 91502 005 ***150.00

DOCUMENT # P01000055340

1. Entity Name
WONDER GRASS BAMBOO PRODUCTS, INC.



Principal Place of Business
**4770 SAFFOLD RD
WIMAUMA FL 33598**

Mailing Address
**P.O. BOX 467
PARRISH FL 34219**

2. Principal Place of Business
Wimauma, FL
Suite, Apt. #, etc.
4770 Saffold Rd.

3. Mailing Address
P.O. Box 467
Suite, Apt. #, etc.

City & State
Wimauma, FL
Zip
33598 Country
USA

City & State
Parrish, FL
Zip
34219 Country
USA

16-1626222



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHU, ANDREW
4770 SAFFOLD RD
WIMAUMA FL 33598

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHU, ANDRW 4770 SAFFOLD RD WIMAUMA FL 33598	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHU, ANDREW	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Alex Whitcomb Woods #5 Hill Street Athens, Tenn. 37303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/24/03

813-634-3068

Date

Daytime Phone #

CR2E034 (10/02)



Florida Department of State
Attn: Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302

RE: P01000055340

June 2, 2003

To Whom It May Concern:

The attached is a amended copy of the Uniform Business Report that was forwarded back to me. I have also included a copy of the correspondence that accompanied the report.

If you should have any additional questions or if you should need any additional documentation please do not hesitate to contact me.

Sincerely,

Josephine Chu