Sep 15, 2003 8:00 am Secretary of State

09-15-2003 90151 007 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORTATIBE

## P01000061249 **DOCUMENT #**

1. Entity Name



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B. M. PROJECTS, INC. Principal Place of Business Mailing Address C/O YU D. HAN. C.P.A. 10405 OLD ST AUGUSTINE ROAD JACKSONVILLE FL 32257 4401 EMERSON STREET #8 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address 10405 OLD ST ANGUSTINE RD. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3725082 ۴L JACKSONVILLE Not Applicable Žip Country Country \$8.75 Additional 5. Certificate of Status Desired 2257 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)
11 03 2 A SHFORD GABLE HAN, YU D CPA 4401 EMERSON STREET SUITE 8 JACKSONVILLE FL 32207 Zip Code 3225 JACKSONVINE 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. K00, BON SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Addition KOO, BON M NAME NAME 11032 ASHFORD GABLE PLACE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIE CITY-ST-ZIP VTD TITLE ☐ Delete TITLE Change ☐ Addition KOO, KYUNG H NAME NAME 11032 ASHFORD GABLE PLACE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ 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:

CR2E034 (4/03)

ATTACHMENT #P01000061249 80148044

September 7, 2003

DIVISION OF CORPORATION UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

Re: DOC #: P01000061249

EIN: 59-3725082 B. M. PROJECTS, INC.

## Dear Sir or Madam:

I have not received prior notices. I am sending 2003 UBR and \$150.00 check. Please wave the penalty of \$400.00.

As shown 2003 UBR, I am changing my mailing address and registered agent.

If you need to contact me, I may be reached during working hours at (904) 262-6202. We appreciate very much your immediate attention to this matter and we await your response.

Sincerely,

KOO, BON M.

President
10405 OLD ST AUGUSTINE ROAD
Jacksonville, FL 32257

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