2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90137 030 ***150.00

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DOCUMENT # P01000062066

1. Entity Name
SUKITJAVANICH FAMILY, INC.

Principal Place of Business	Mailing Address
6606 BITTERSWEET LN ORLANDO FL 32819	6606 BITTERSWEET LN ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11025 Int'l Dr.	11025 Int'l Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32821 Country:	Zip: 32821 Country:

4. FEI Number: 59-3727048 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLACKBURN, SANGCHAN 6606 BITTERSWEET LN ORLANDO FL 32819	Name: Fong, David Street Address (P.O. Box Number is Not Acceptable): 1221 E. Robinson St City: Orlando FL Zip Code: 32801

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.

SIGNATURE: David Fong 2/15/02
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 $150.00
After May 1, 2002 Fee will be $550.00
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	DP SUKITJAVANICH, RUNGCHAVAL 6606 BITTERSWEET LN ORLANDO FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P Sukitjavanich, Rungchaval 11025 Int'l Dr. Orlando, FL 32821 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCV SUKITJAVANICH, CHACHAVALL 6606 BITTERSWEET LN ORLANDO FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, C, V Sukitjavanich, Chachaval 11025 Int'l Dr. Orlando, FL 32821 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SUKITJAVANICH, AROONTIDAL 6606 BITTERSWEET LN ORLANDO FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, S Sukitjavanich, Aroontida 11025 Int'l Dr. Orlando, FL 32821 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST JAR AGA, RACHADCHADA 6606 BITTERSWEET LN ORLANDO FL 32819 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, T Charunaga, Rachadchada 11025 Int'l Dr. Orlando, FL 32821 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKBURN, SANGHAN 6606 BITTERSWEET LN ORLANDO FL 32819 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nimnoi, Tanachit 11025 Int'l Dr. Orlando, FL 32821 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAROENMITR, KASIDIS 4004 MAGUIRE BLVD #6206 ORLANDO FL 32806 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charunaga Wanicha & Tiensinghadedl, Cheeranueh 11025 Int'l Dr. Orlando, FL 32821 ☐ Change (2) ☑ Addition

* CR2E034 (9/01)

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: RUNGCHAVAL SUKITJAVANICH 2/15/02 407-239-9733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #