

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90176 041 \*\*\*150.00

DOCUMENT # P01000063808

1. Entity Name  
WINDY HILL NURSERY, INC.



Principal Place of Business  
2126 KELLY PARK RD.  
APOPKA FL 32712  
US

Mailing Address  
2126 KELLY PARK RD.  
APOPKA FL 32712  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3729807

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIM, DIANA  
3728 GATLIN PLACE CIRCLE  
ORLANDO FL 32812

Name

Sim, Jaesung

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

3728 GATLIN PLACE CIRCLE

City

ORLANDO

FL

Zip Code

32812

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☒ Delete  
NAME: SIM, DIANA  
STREET ADDRESS: 3728 GATLIN PLACE CIRCLE  
CITY-ST-ZIP: ORLANDO FL 32812

TITLE: President ☒ Change ☐ Addition  
NAME: Sim, Soom Ye  
STREET ADDRESS: 2126 W. Kelly Park Rd.  
CITY-ST-ZIP: APOPKA, FL 32712

TITLE: D ☐ Delete  
NAME: SIM, JAE-SUNG  
STREET ADDRESS: 3728 GATLIN PLACE CIRCLE  
CITY-ST-ZIP: ORLANDO FL 32812

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

TITLE: ☐ Delete  
NAME: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/03

CR2E034 (10/02)