

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90129 028 ***150.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	59-5755520	Applied For
		Not Applicable

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

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7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE Joe [Signature] President 3/16/2003
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	11	ADDITIONAL CHANGES TO STATEMENT
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<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> </div>		<div> <input type="checkbox"/> Delete </div>	<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> </div>		<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
<div> <div>PSTD</div> <div>CHANG, JOE C</div> <div>7704 N. INDIAN RIDGE TRAIL</div> <div>KISSIMMEE FL 34747</div> </div>		<div> <input type="checkbox"/> Delete </div>			
		<div> <input type="checkbox"/> Delete </div>			<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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		<div> <input type="checkbox"/> Delete </div>			<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>

2. 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: Chang President 3/16/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date _____ Daytime Phone _____

CR2E034 (10/02)