

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90302 032 ***150.00

DOCUMENT # P02000003376

1. Entity Name
H. S. T. BROTHERS, INC.



Principal Place of Business
~~129424 INDIGO RIVER CT.~~
JACKSONVILLE FL 32207

Mailing Address
~~C/O YU D. HAN, CPA~~ Richard P. Glen...
~~4401 EMERSON STREET STE 8~~ 1351 13th Ave. S. Suite 140
JACKSONVILLE FL 32207

Jacksonville



2. Principal Place of Business
14560 PABLO TERRACE

3. Mailing Address
Beach, FL 32250

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

4. FEI Number
04-3604202

Applied For
Not Applicable

Zip
32224

Country
USA

Zip

Country

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

HAN, YU D. CPA
4401 EMERSON STREET STE 8
JACKSONVILLE FL 32207

Name
YEON K KIM
Street Address (P.O. Box number is Not Acceptable)
14560 PABLO TERRACE

City JACKSONVILLE FL Zip Code 32224

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 Yeon K. Kim YEON K. KIM 3-26-03
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. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~DPO~~ DIRECTOR ☐ Delete
NAME KIM, MYUNG J
STREET ADDRESS 129424 INDIGO RIVER CT.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
NAME 14560 PABLO TERRACE
STREET ADDRESS JACKSONVILLE, FL 32224
CITY-ST-ZIP

TITLE ~~VP~~ PRESIDENT ☐ Delete
NAME KIM, YEON K
STREET ADDRESS 129424 INDIGO RIVER CT.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
NAME 14560 PABLO TERRACE
STREET ADDRESS JACKSONVILLE, FL 32224
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Yeon K. Kim PRES 3/26/03 904-247-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)