

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90145 013 ***150.00

DOCUMENT # P02000032830

1. Entity Name
LIN'S DRAGON CHINA, INCORPORATED



Principal Place of Business
4940 EAGLESMERE DRIVE
SUITE 514
ORLANDO FL 32819

Mailing Address
4940 EAGLESMERE DRIVE
SUITE 514
ORLANDO FL 32819

2. Principal Place of Business
8123 VINELAND AVE
Suite, Apt. #, etc.

3. Mailing Address
8123 VINELAND AVE
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32821 **Country**
USA

Zip
32821 **Country**

4. FEI Number
27-0011062

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

LIN, WAN QING
4940 EAGLESMERE DRIVE
SUITE 514
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name
LIN, WAN XING
Street Address (P.O. Box Number is Not Acceptable)
8123 VINELAND AVE
City
ORLANDO **FL** **Zip Code**
32821

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 **LIN, WAN XING** **DATE**
1-14-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
LIN, WAN QING
STREET ADDRESS
4940 EAGLESMERE DRIVE, #514
CITY-ST-ZIP
ORLANDO FL 32819 ☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P.D
NAME
LIN, WAN XING
STREET ADDRESS
8123 VINELAND AVE
CITY-ST-ZIP
ORLANDO, FL 32821 ☒ **Change** ☐ **Addition**

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

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

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

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

TITLE
NAME
STREET ADDRESS
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: **LIN, WAN XING** **Pres.** **1-14-03** **407-477-0255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)