Applied For

¢¢ 00

Not Applicable

2003 FOR PROFIT CORPORATION Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000039563 DOCUMENT # 04-28-2003 91437 021 *1,500.00 1. Entity Name YONG'S COMMERCIAL SERVICE, INC. Principal Place of Business Mailing Address 113 SOUTH MACDILL AVENUE #B 113 SOUTH MACDILL AVENUE #B TAMPA FL 33609 **TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES # 1814 11401 9th 1401 City & State City & State 4. FEI Number 02-0583893 St.Petersburg \$8.75 Additional_ Zip Country 5. Certificate of Status Desired 33116 33-7-1-6

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00

ONG KIM KIM. YONG K Street Address (P.O. Box Number is Not Acceptable) 113 SOUTH MACDILL AVENUE #B TAMPA FL 33609 CT N #1814 11401 City St . petersburg 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. (NOTE: Registered Agent signature required when reinstating)

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to Fees
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, YONG K 113 SOUTH MACDILL AVENUE #B TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YONG K KIM 11401 9TH ST N #1814 St. petersburg FL 33116
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY_ST_7IP		☐ Delete	TITLE NAME STREET ADDRESS CUTY_ST_7IP	☐ 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.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

7. Name and Address of New Registered Agent

9 Election Campaign Financing

813-876-6442

Change

Addition

□ Addition