

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90298 012 \*\*\*150.00

0042235 AV

**DOCUMENT # P02000065841**

1. Entity Name

KYUNG C. BISHOP, P.A.



Principal Place of Business

1071 KINGS ROAD  
NEPTUNE BEACH FL 32266

Mailing Address

1071 KINGS ROAD  
NEPTUNE BEACH FL 32266

2. Principal Place of Business

3. Mailing Address

13867 Weeping Willow way  
Suite, Apt. #, etc.

13867 Weeping Willow way  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

01-0731250

Applied For

Not Applicable

Zip

32224

Country

Zip

32224

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

GLEMANN, RICHARD

1122 3 STREET STE 3

NEPTUNE BEACH FL 32266

Name

KYUNG BISHOP

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

13867 Weeping Willow way

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

*Kyung Bishop*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-21-03

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 ☐ Delete  
NAME D BISHOP, KYUNG  
STREET ADDRESS 1071 KINGS ROAD  
CITY-ST-ZIP NEPTUNE BEACH FL 32266

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Kyung Bishop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

(904) 411-4389

Daytime Phone #

CR2E034 (10/02)