## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000088104 **DOCUMENT #**

1. Entity Name

GLORY MORNING, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90242 033 \*\*\*150.00

Principal Place of Business 7318 WOODHILL DRIVE # 1111 ORLANDO FL 32818		Mailing Address 2619 N. PINE HILLS ROAD SUITE 8 ORLANDO FL 32808		
2. Principal Place of Business		3. Mailing Address	<del>.</del> .	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For S7-1438662 Not Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required
	6. Name and Address of	Current Registered Agent		7. Name and Address of New Registered Agent
HO, KI Y 7318 WOODHILL DRIVE #1111			Name Street Address (	(P.O. Box Number is Not Acceptable)
ORLANDO FL 32818			City	FL Zip Code
the obligat	Signature, typed or printed name of regis	tered agent and title if applicable. (NOTE: F	egistered office of register	red agent, or both, in the State of Florida. I am familiar with, and accept
Afte	r May 1, 2003 Fee will be \$ k Payable to Florida Depart	550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEO, JIN 7318 WOODHILL DRIVE, ORLANDO FL 32818	☐ Delete #1111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP -	V HO, KI Y 7318 WOODHILL DRIVE, ORLANDO-FL-32818		TITLE NAME STREET ADDRESS -CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HO, CHUN J 7318 WOODHILL DRIVE, ORLANDO FL 32818	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HO, KI Y 7318 WOODHILL DRIVE, ORLANDO FL 32818	□ Delete #1111	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-ZIP	artify that the information own	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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:**