

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90245 011 \*\*\*150.00

**DOCUMENT # P02000090511**



1. Entity Name  
**LILY OCEAN STAR SUSHI, INC.**

Principal Place of Business  
**357 6TH AVE. W.  
BRADENTON FL 34205**

Mailing Address  
**357 6TH AVE. W.  
BRADENTON FL 34205**



2. Principal Place of Business  
**3608-EAST BAY DRIVE**

3. Mailing Address  
**3608-EAST BAY DRIVE**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**HOLMES BEACH FLORIDA**

City & State  
**HOLMES BEACH, FLORIDA**

Zip Country  
**34217 USA**

Zip Country  
**34217 USA**

4. FEI Number  
**22-3865962**

Applied For  
 Not Applicable

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

**LU, WEN XUAN  
357 6TH AVE. W.  
BRADENTON FL 34205**

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ (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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LU, WEN XUAN</b>	
STREET ADDRESS	<b>338 HIGHLAND SHORES DRIVE</b>	
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/DIC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LU, WEN XUAN</b>	
STREET ADDRESS	<b>338-HIGHLAND SHORES DRIVE</b>	
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>	
TITLE	<b>SIT/VI</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LU, KIM CHI</b>	
STREET ADDRESS	<b>338 Highland Shores Dr.</b>	
CITY-ST-ZIP	<b>Ellenton, FL 34222</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/03**  
Date

Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)