

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90726 009 ***150.00

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DOCUMENT # P02000108310

1. Entity Name
KWIK STOP FLOWER MARKET, INC.



Principal Place of Business
**4557 W KENNEDY BLVD
TAMPA FL 33609**

Mailing Address
**4557 W KENNEDY BLVD
TAMPA FL 33609**

2. Principal Place of Business
1306 S. Dale Mabry Hwy
Suite, Apt. #, etc.

3. Mailing Address
1306 S. Dale Mabry Hwy
Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
11-3658507

Applied For
Not Applicable

Zip
33629

Country

Zip
33629

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145**

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 **D** ☐ Delete
NAME **LEE, YONG HEE**
STREET ADDRESS **4557 W KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ Change ☐ Addition
NAME **1306 S. Dale Mabry Hwy**
STREET ADDRESS **Tampa FL 33629**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KIM, JEA YONG**
STREET ADDRESS **4557 W KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ Change ☐ Addition
NAME **1306 S. Dale Mabry Hwy**
STREET ADDRESS **Tampa FL 33629**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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: **JEAN YONG KIM** **4/30/03** **(813) 289-7688**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)