

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90092 005 ***150.00

DOCUMENT # P02000112553

1. Entity Name
PETER KIM, INC.



Principal Place of Business
**2304 UNIVERSITY BLVD W
JACKSONVILLE FL 32217**

Mailing Address
**2304 UNIVERSITY BLVD W
JACKSONVILLE FL 32217**



2. Principal Place of Business
2304 UNIVERSITY BLVD. WEST
Suite, Apt. #, etc.

3. Mailing Address
2304 UNIVERSITY BLVD. WEST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number **10** Applied For
Not Applicable

Zip **32217** Country **Durham**

Zip **32217** Country **Durham**

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

**KIM, PETER
2304 UNIVERSITY BLVD W
JACKSONVILLE FL 32217**

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

(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 **KIM, PETER**
STREET ADDRESS **8335 FREEDOM PL TR APT 171**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
NAME **8335 FREEDOM CROSSING TRAIL APT. 1701**
STREET ADDRESS **JACKSONVILLE, FL 32256**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SOOK, KIM, YOUNG**
STREET ADDRESS **4771 HOOD RD**
CITY-ST-ZIP **JACKSONVILLE FL 32557**

TITLE ☒ Change ☐ Addition
NAME **Kim, Young Sook**
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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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/03

CR2E034 (10/02)