

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
4/ Apr 28, 2006 8:00 am  
Secretary of State

04-13-2006 90307 032 \*\*\*150.00

DOCUMENT # P05000074918

1. Entity Name

LISA CHO INC

DO NOT WRITE IN THIS SPACE

66012914

2. Principal Place of Business  
11364 MCNALLY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SPRING HILL, FL

City & State

4. FEI Number  
20-2876725

Applied For  
Not Applicable

Zip  
34609

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
JUI FONG MULLEN

Street Address (P.O. Box Number is Not Acceptable)  
11364 MCNALLY DR.

City  
SPRING HILL

FL

Zip Code  
34609

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$81.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
JUI FONG MULLEN  
11364 MCNALLY DR.  
SPRING HILL, FL 34609

11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #