

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90032 007 ***150.00

DOCUMENT # P05000127749 1. Entity Name CHINA WOK OF JACKSONVILLE INC.	
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40003967

2. Principal Place of Business 13170 ATLANTIC BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32225	Country	Zip	Country

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4. FEI Number 20-3486143		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name
XIU RONG LIU
Street Address (P.O. Box Number is Not Acceptable)
13170 ATLANTIC BLVD
City
JACKSONVILLE **FL** **Zip Code**
32225

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 \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE
NAME
XIU RONG LIU
STREET ADDRESS
13170 ATLANTIC BLVD
CITY-ST-ZIP
JACKSONVILLE FL 32225

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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 #