## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **P9400030332** BIG EASY CAJUN - ORANGE PARK, INC. 01-31-2001 90261 025 \*\*\*150.00 Principal Place of Business Mailing Address 9446 PHILLIPS HWY. 9446 PHILLIPS HWY. SUITE 8 SUITE 8 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3238135 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YEN, KUNG-PO Stree Address (P.O. Bot Number is Not Acceptable 7411 FULLERTON ST SUITE 204 JACKSONVILLE FL 32256 Zip Code City 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 Signature, typed or printed n and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. N Change ☐ Addition DP TITLE ☐ Delete TITLE NAME NAME YEN, KUNG-PO 9446 Philips Hwy #8 STREET ADDRESS STREET ADDRESS 10300 SOUTHSIDE BLVD., #305 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition Change ☐ Delete TITLE DVST TITLE 9446 Philips Hwy #8 NAME YEN, KUNG-TI STREET ADDRESS STREET ADDRESS 10300 SOUTHSIDE BLVD., #305 CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

KUNG-PO YEN