

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

01-24-2001 90024 018 \*\*\*150.00

DOCUMENT # P95000006156

1. Entity Name

GREAT PANDA EXPRESS OF TAMPA, INC.

Principal Place of Business

Mailing Address

921 GOLF ISLAND DR.  
APOLLO BEACH FL 33572  
US

921 GOLF ISLAND DR.  
APOLLO BEACH FL 33572  
US

60592

2. Principal Place of Business

3. Mailing Address

511 Brandon Town Center

921 Golf Island Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, Florida

City & State

Apollo Beach, Florida

Zip

33511

Country

Hillsborough

Zip

33572

Country

Hillsborough

4. FEI Number 59-3289543

Applied For

Not Applicable

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

WU, SALLY  
921 GOLF ISLAND DR  
APOLLO BEACH FL 33572

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS  
NAME WU, SALLY  
STREET ADDRESS 921 GOLF ISLAND DR  
CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sally Wu  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/01

Date

(813) 645-7148

Daytime Phone

CH2E034 (10/00)