

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90042 039 \*\*\*150.00

**DOCUMENT # P95000006876**

1. Entity Name

V V W W , INC.

Principal Place of Business

1756 SUNWOOD DR.  
 LONGWOOD FL 32779

Mailing Address

1756 SUNWOOD DR.  
 LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

497 Wekiwa Preserve Dr

4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APOPKA

497 Wekiwa Preserve

City & State

City & State

FL

APOPKA FL

Zip

Country

Zip

Country

32712

US

32712

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3310068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

7. Name and Address of New Registered Agent

Name

CHUN, PATRICIA

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

497 WEKIVA PRESERVE DR.

City

APOPKA

FL

Zip Code

32712

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

PATRICIA CHUN

2/10/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHUN, PATRICIA	
STREET ADDRESS	1756 SUNWOOD DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUN, PATRICIA	
STREET ADDRESS	497 WEKIVA PRESERVE DR	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

PATRICIA CHUN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02 (407) 886 0889

Date Daytime Phone #

CR2E034 (9/01)