## 2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **P95000016705** BIG EASY CAJUN - ANNAPOLIS, INC. 01-31-2001 90067 013 \*\*\*150.00 Principal Place of Business Mailing Address 9446 PHILLIPS HWY 9446 PHILLIPS HWY SUITE 8 SUITE 8 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3297980 Not Applicable Zíp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAUGHON, SCOTT R Street Address (P.O. To \Number is Not Acceptable) 200 W-FORSYTH-ST-**SUITE 1730** JACKSONVILLE FL 32202 City 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, typed or printed r t 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DP ☐ Addition TITLE Delete TITLE YEN, KUNG-PO NAME NAME 9446 Philips Huy #8 STREET ADDRESS STREET ADDRESS 10300 SOUTHSIDE BLVD., #305 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 **Change** DVST ☐ Delete TITLE ☐ Addition TITLE NAME yen, kung ti NAME 9446 Philips Huy #8 STREET ADDRESS STREET ADDRESS 10300 SOUTHSIDE BLVD., #305 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**KUNG-PO YEN PRESIDENT** 

NAME OF SIGNING OFFICER OR DIRECTOR