

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90078 043 \*\*\*150.00

**DOCUMENT # P95000040733**

1. Entity Name  
**EVERGREEN OF CRYSTAL RIVER, INC.**



Principal Place of Business  
**EVERGREEN REST**  
**CRYSTAL RIVER FL 34429**  
**US**

Mailing Address  
**490 N SUNCOAST BLVD**  
**CRYSTAL RIVER FL 34429**  
**US**



2. Principal Place of Business  
*Evergreen Chinese Rest*  
Suite, Apt. #, etc.  
*238-A US HWY 41 S.*  
City & State  
*Inverness, FL*

3. Mailing Address  
*Evergreen Chinese Rest.*  
Suite, Apt. #, etc.  
*238-A US HWY 41 S.*  
City & State  
*Inverness, FL*

Zip Country  
*34450 Citrus*

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3316594** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TSUI, JENNY**  
**490 NORTH SUN COAST BLVD.**  
**CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>HO-LONG, KUO</b> <b>490 NORTH SUN COAST BLVD.</b> <b>CRYSTAL RIVER FL 34429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>TSUI, JENNY</b> <b>490 NORTH SUN COAST BLVD.</b> <b>CRYSTAL RIVER FL 34429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President</b> <b>Ho Long Kuo</b> <b>238-A US HWY 41 S.</b> <b>Inverness, FL 34450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>v. president</b> <b>Jenny Tsui</b> <b>238-A US HWY 41 S.</b> <b>Inverness, FL 34450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Treasurer</b> <b>Joseph HUANG</b> <b>238-A US HWY 41 S.</b> <b>Inverness, FL 34450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *4-18-03* *352 762 5899*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)