

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056787

1. Entity Name

CLOUDLAND, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90547 038 ***150.00

0522885

Principal Place of Business

~~7517 PITCH PINE CIRCLE STE C~~
~~TAMPA FL 33617~~

changed.

Mailing Address

P.O. BOX 291933
TAMPA FL 33387
US

00035413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8003 Cardinal Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 291933

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip *33617*

Country

U.S.A.

City & State

Tampa, Florida

Zip

33687

Country

U.S.A.

4. FEI Number

59-3338868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZHOU, HUANCHUN

~~7517 PITCH PINE CIRCLE STE C~~
~~TAMPA FL 33617~~

changed.

7. Name and Address of New Registered Agent

Name *Zhou, Huanchun*

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

8003 Cardinal Dr.

City

Tampa

FL

Zip Code

33617

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] *Zhou, Huanchun*

4-10-01

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 **P** ☒ Delete
NAME **ZHOU, HUANCHUN**
STREET ADDRESS **7517 PITCH PINE CIRCLE STE C**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Zhou, Huanchun**
STREET ADDRESS **8003 Cardinal Dr.**
CITY-ST-ZIP **Tampa, FL 33617**

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

TITLE ☐ Change ☐ Addition
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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:

[Signature] *Zhou, Huanchun* *4-10-01* *813-914-7178*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)