

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90032 023 ***150.00

DOCUMENT # P95000056787

1. Entity Name
CLOUDLAND, INC.

Principal Place of Business

8003 CARDINAL DRIVE
TAMPA FL 33617

Mailing Address

P.O. BOX 291933
TAMPA FL 33687
US

2. Principal Place of Business

3. Mailing Address

8003 Cardinal Dr.
 Suite, Apt. #, etc.

P.O. Box 291933
 Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip
33617

Country
U.S.A.

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZHOU, HUANCHUN
8003 CARDINAL DR
TAMPA FL 33617

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

1-5-02

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ZHOU, HUANCHUN
8003 CARDINAL DR
TAMPA FL 33617

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE OF ZHOU, HUANCHUN *1-5-02* *813-272-2261*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)