2002 Uniform Business Report (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9500077121 1. Entity Name BIG EASY CAJUN - SOUTHRIDGE, INC.							Apr 08, 2002 8:00 am Secretary of State 04-08-2002 90225 004 ***150.00			
Principal Place of Business 9446 PHILLIPS HWY. SUITE 8 JACKSONVILLE FL 32256 US			Mailing Address 9446 PHILLIPS HWY. SUITE 8 JACKSONVILLE FL 32256 US				R000000			
2. Principal Place of Business			3. Mailing Address				DO NOT WINTE IN THIS SOLOS			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	FEI Number 59-3338095		oplied For ot Applicable	
Zip		Country	Zip	Count	ry	5.	Certificate of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent YEN, KUNG-PO 9446 PHILIPS HWY					Name Street A		7. Name and Address of New Registered Agent dress (P.O. Box Number is Not Acceptable)			
#8 JACKSONVILLE FL 32256					City		FI	Zip Cod	е	
Signature, typed or printed name of registered agent a 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 Sta			00 50.00 of State	Election Campaign Financing Trust Fund Contribution. [Added	May Be	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		G-PO IPS HWY #8 VILLE FL 32256	DIRECTORS Delete	III .	T ADDRESS ST-ZIP	AD P 5	ODITIONS/CHANGES TO OFFICERS AN	D DIRECTORS Change	S IN 11	
TITLE NAME	DVST YEN, KUN 9446 PHIL		☐ Delete	TITLE NAME STREE		DTU		⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- MI	T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	T ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete	TITLE NAME STREE CITY-	T ADDRESS	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-	T ADDRESS			Change	Addition	
indicated of the cor	on this repo poration or th	rt or supplemental report is ne receiver or trustee empo	true and accurate and that I	my signatu t as require	ire shall ha	ive the same	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I ida Statutes; and that my name appears	am an officer	or director	

BERNAUNA PO YEN

SIGNATURE: