

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90003 035 ***165.00

DOCUMENT # P95000086182

1. Entity Name
JOHN WONG INCORPORATED

Principal Place of Business
5045 NORTH 9TH AVENUE
PENSACOLA FL 32504

Mailing Address
5045 NORTH 9TH AVENUE
PENSACOLA FL 32504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3377373**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WONG, JOHN
5045 NORTH 9TH AVENUE
PENSACOLA FL 32504

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.

SIGNATURE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WONG, JOHN**
STREET ADDRESS **5045 NORTH 9TH AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE **D** ☐ Delete
NAME **WONG, KIM**
STREET ADDRESS **5045 NORTH 9TH AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

A0081179

Doc #

95000086182

AUGUST 10, 2001

TO WHOM IT MAY CONCERN:

I SOLD MY BUSINESS, CHINA KING RESTAURANT

AT 5045 N. 9th AVE. IN PENSACOLA, FL 32503,

ON SEPTEMBER OF LAST YEAR. BECAUSE OF THE

CONFUSION IN THE CHANGE OF ADDRESS, I

DIDN'T RECIEVE ANY MAIL OR CORRESPONDENCE

AT MY HOME. I WOULD LIKE TO KEEP JOHN

WONG INCORPORATED ACTIVE AND TO HEREBY

RESPECTFULLY REQUEST THAT YOU ACCEPT MY

CHECK FOR \$165.00 IN PAYMENT OF THE ANNUAL

REPORT FEE AND WAIVE THE PENALTY OF \$400.00.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

SINCERELY,

John Wong