

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050888

1. Entity Name

BIG EASY CAJUN - TUTTLE CROSSING, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90229 028 ***150.00

Principal Place of Business

Mailing Address

5043 TURTLE CROSSING BLVD.
#167
DUBLIN OH 43017
US

7411 FULLERTON STREET
SUITE 204
JACKSONVILLE FL 32256-3629
US

102020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3394090**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DRAUGHON, RICHARD S
200 W. FORSYTH ST. STE 1730
JACKSONVILLE FL 32202

Kung-Po Yen
7411 Fullerton St., Ste: 204
Jacksonville, FL-32256

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)

KUNG-PO YEN
PRESIDENT

1/10/00
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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	YEN, KUNG-PO	
STREET ADDRESS	7411 FULLERTON ST., SUITE 204	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	YEN, KUNG-TI	
STREET ADDRESS	7411 FULLERTON ST., SUITE 204	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KUNG-PO YEN
PRESIDENT

1/10/00
Date

904-363-0366
Daytime Phone #

CR2E034 (9/99)