

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
Aug 22, 2000 8:00 am
Secretary of State

04-23-2000 90032 001 ***150.00

DOCUMENT # P96000098540

1. Entity Name

DONG NAN INC.

Principal Place of Business

11210 SPRING HILL DRIVE
 SPRING HILL FL 34609

Mailing Address

11210 SPRING HILL DRIVE
 SPRING HILL FL 34609-4650

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

59-3422768

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

NOBLE, JAMES T
11291 COUNTRYWOOD COURT
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

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 \$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	VP	<input type="checkbox"/> Delete
NAME	CHUN KUEN CHAN	
STREET ADDRESS	13210 HIGHGROVE ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHAN, JENDA N.	
STREET ADDRESS	13210 HIGHGROVE ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAROL LYNNE CHAN	
STREET ADDRESS	13210 HIGHGROVE ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAM-WAH RICHARD CHAN	
STREET ADDRESS	13210 HIGHGROVE ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	Kam-Wing Andrew Chan	
STREET ADDRESS	13210 Highgrove Road	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	Shu Hua Li	
STREET ADDRESS	13210 Highgrove Road	
CITY-ST-ZIP	Brooksville, FL 34609	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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: Carol Chan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000
 Date

(352) 688-1008
 Daytime Phone #

CR2E034 (9/99)