

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90048 048 ***150.00

DOCUMENT # P97000034640

1. Entity Name

NGUYEN-DOAN, INC.

Principal Place of Business

**7403 S. ORANGE BLOSSOM TRL.
ORLANDO FL 32809**

Mailing Address

**7403 S. ORANGE BLOSSOM TRL.
ORLANDO FL 32809**

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 **59-3446016**

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

**DULIN, RAMSEY W
201 S. ORANGE AVE., STE. 1090
ORLANDO FL 32801**

Name

NHUNG DOAN

Street Address (P.O. Box Number is Not Acceptable)

3820 OCITA DRIVE

City

ORLANDO

FL

Zip Code

32837-5820

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]

NHUNG DOAN, PRESIDENT

2-23-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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, 2001 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

**PVPD
DOAN, NHUNG T
3820 OCITA DRIVE
ORLANDO FL 32837-5820**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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3820 OCITA DRIVE
ORLANDO FL 32837-5820**

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NHUNG DOAN, PRESIDENT

2-23-01

407-438-9999

Date

Daytime Phone #

CR2E034 (10/00)