

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90606 003 ***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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DOAN, NHUNG
3820 OCITA DRIVE
ORLANDO FL 32837-5820

7. Name and Address of New Registered Agent

Name

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

5625 LOS PALMA VISTA DRIVE

City

ORLANDO,

FL

Zip Code

32837

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PVPD**
STREET ADDRESS **DOAN, NHUNG T**
CITY-ST-ZIP **3820 OCITA DRIVE**
ORLANDO FL 32837-5820

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **DOAN, LAN**
CITY-ST-ZIP **3820 OCITA DRIVE**
ORLANDO FL 32837-5820

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5625 LOS PALMA VISTA DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5619 LOS PALMA VISTA DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32837**

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

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

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

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

12. 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 10 or Block 11 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

NHUNG DOAN

Date

3/28/03

Daytime Phone #

CR2E034 (10/02)