

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90416 012 \*\*\*158.75

**DOCUMENT # P97000043833**

1. Entity Name  
**DATABASE EVALUATION RESEARCH, INC.**



Principal Place of Business  
**3111 CHAPIN AVENUE  
TAMPA FL 33611**

Mailing Address  
**3111 CHAPIN AVENUE  
TAMPA FL 33611**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3447272**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIM, SEHWAN  
3111 CHAPIN AVE  
TAMPA FL 33611**

Name **Sehwan Kim**  
Street Address (P.O. Box Number is Not Acceptable)  
**3111 Chapin Ave**  
**Tampa**  
City **FL** Zip Code **33611**

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 obligation of registered agent.

SIGNATURE **SEHWAN KIM**

Title **CEO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PO</b>	<input type="checkbox"/> Delete
NAME	<b>KIM, SEHWAN</b>	
STREET ADDRESS	<b>3111 CHAPIN AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KIM, JENNIFER</b>	
STREET ADDRESS	<b>3111 CHAPIN AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>KIM, CHRIS</b>	
STREET ADDRESS	<b>3111 CHAPIN AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIM, JONATHAN</b>	
STREET ADDRESS	<b>3111 CHAPIN AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. I hereby certify that the information submitted 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:** **SEHWAN KIM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03** **813 833 7172**  
Date Daytime Phone #

CR2E034 (10/02)