## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 07, 2000 8:00 am DOCUMENT # P97000061700 Secretary of State FU-SHAN, INC. 03-07-2000 90035 001 \*\*\*150.00 Principal Place of Business Mailing Address 10139 HALLS RIVER ROAD iüigə halls river road \_\_\_ FL 34446 HOMOSASSA FL 34448-3536 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3447736 Not Applicable Country Zip Country \$8.75 Additional 5, Certificate of Status Desired \_\_\_\_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TITUS, CLAIRE A Street Address (P.O. Box Number is Not Acceptable) **4 NORTH EAST THIRD STREET** CRYSTAL RIVER FL 34429 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filling requirement and elects to do so. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00\_\_\_ Trust Fund Contribution. - -Added to Fees-(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD ☐ Delete TITLE Change ☐ Addition TITLE NAME WANG, YUH-CHUNG NAME CR2E034 STREET ADDRESS STREET ADDRESS 10139 HALLS RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Addition **VPSD** Delete TITLE ☐ Change TITLE CHEN, CHAO-SHENG NAME NAME STREET ADDRESS STREET ADDRESS 10139 HALLS RIVER ROAD CITY-ST-ZIP CITY\_ST-ZIP HOMOSASSA FL 34446 ☐ Change ☐ Addition TITLE ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1. ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE HHE NAME

13. I hereby certify that the information supplied with this filling 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.

ST 7IP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR