## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## Feb 01, 2001 8:00 am DOCUMENT # P97000061700 **Secretary of State** 1. Entity Name FU-SHAN, INC. 02-01-2001 90089 035 \*\*\*150.00 Principal Place of Business Mailing Address 10139 HALLS RIVER ROAD 10139 HALLS RIVER ROAD HOMOSASSA FL 34446 HOMOSASSA FL 34446 614400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3447736 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TITUS, CLAIRE A Street Address (P.O. Box Number is Not Acceptable) **4 NORTH EAST THIRD STREET CRYSTAL RIVER FL 34429** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Delete TITLE ☐ Change TITLE WANG, YUH-CHUNG NAME NAME 10139 HALLS RIVER ROAD STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34446 CITY-ST-ZIP CITY-ST-ZIP VPSD Change TITLE ☐ Delete TITLE ☐ Addition CHEN, CHAO-SHENG NAME NAME 10139 HALLS RIVER ROAD STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34446 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE . Change \_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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