2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000098806

1. Entity Name

P.D. CHANG ENTERPRISES, INC.



Apr 07, 2003 8:00 am \$ Secretary of State **FILED**

Suffe, Apt. 4, etc. Suffe, Apt. 4, etc.	Principal Place of Business 4170 N. ELWYN PT. HERNANDO FL 34442				Mailing Address 4170 N. ELWYN PT. HERNANDO FL 34442							; ;		
City & State City & State City & State Country Country S. Certificate of Status Desired S. S. Addisincel Fee Required 6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent CHANG, SU OUN ATTO N. ELWYN PT. HERNANDO FL 34442 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Richidal to Provide Address (P.O. Box Number is Not Acceptable) FLE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THE NOWIE Address CHANG, SU OUN 3170 N. ELWYN PT. STRET ADDRESS CHY-S-72P CHANG, SU OUN 3170 N. ELWYN PT. STRET ADDRESS CHY-S-72P CHANG, SU OUN 3170 N. ELWYN PT. STRET ADDRESS CHY-S-72P CHANG, SU OUN 3170 N. ELWYN PT. STRET ADDRESS CHY-S-72P CHANG SU OUN 3170 N. ELWYN PT. STRET ADDRESS CHY-S-72P CHANG SU OUN 3170 N. ELWYN PT. STRET ADDRESS CHY-S-72P CHANG SU OUN 3170 N. ELWYN PT. STRET ADDRESS CHY-S-72P CHANG SU OUN 3170 N. ELWYN PT. STRET ADDRESS CHY-S-72P CHANG SU OUN 3170 N. ELWYN PT. STRET ADDRESS CHY-S-72P CHANG SU OUN 3170 N. ELWYN PT. CHANG SU O	2. Principal Place of Business				3. Mailing Address				1 (041)44	5 14 8 1 8 4 1 1 4 8	911 99111 43 111		· · · · · · · · · · · · · · · · · · ·	60110 0111 1021
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CHANG, SU OUN 4170 N. ELWYN PT. HERNANDO FL 34442 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with; and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE PURPORT OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE THERNANDO FL 34442 CITY-ST-2P TITLE VS CHANG, SU OUN TITLE VS CHANG, DOREEN THERNANDO FL 34442 CITY-ST-2P TITLE VS CHANG, DOREEN THERNANDO FL 34442 CITY-ST-2P TITLE VS CHANG, DOREEN THERNANDO FL 34442 CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE Charge Addition Addition Addition Addition ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 11 TITLE CHARGES CITY-ST-2P TITLE CHARGES CITY-ST-2P TITLE CHARGES CITY-ST-2P TITLE CHARGES	Zip Country			Zip	Zip Coun			5.	Certificate o	of Status I	Desired		8.75 Ac	Iditional
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Street Address (P.O. Box Number is Not Acceptable) City	CHANG SII	OLIN	 				Name		<u> </u>	· · · ·	<u>~ :</u> _			
### City FL 7/p 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. I am familiar with; and accept the obligations of registered agent. ### Signature, bodd or printed name of registered agent and this if applicable. ### Signature, bodd or printed name of registered agent and this if applicable. ### Signature, bodd or printed name of registered agent and this if applicable. ### Signature, bodd or printed name of registered agent and this if applicable. ### Signature, bodd or printed name of registered agent and this if applicable. ### Signature, bodd or printed name of registered agent.								Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridá. I am familiar with/ and accept the obligations of registered agent. SIGNATURE Signature. Signature. Type or present name of registered agent and the if supplicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 1.						<u> </u>				-		!		
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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:

Daytime Phone #