FROM : FAX NO. : 4259408020

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91867 045 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044146

1. Entity Name
JUN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
700 S.HWY 441		1420 E.SEMORAN BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: APOPKA, FL		City & State: APOPKA, FL	
Zip: 32703	Country	Zip: 32703	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3510719 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: CHANG, JAE J
Street Address (P.O. Box Number is Not Acceptable): 1148 FOX FOREST CIRCLE
City: APOPKA FL Zip Code: 32712

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	CHANG, JAE J
STREET ADDRESS	1148 FOX FOREST CIRCLE
CITY-ST-ZIP	APOPKA FL 32712
TITLE	VP
NAME	LEE, SU M
STREET ADDRESS	1148 FOX FOREST CIRCLE
CITY-ST-ZIP	APOPKA FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ×6) DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature] 5/3/03 321-277-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #