

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90142 039 ***150.00

DOCUMENT # P98000066464

1. Entity Name
HO WON OF PASCO, INC.

Principal Place of Business
1414 SEVEN SPRINGS BLVD SPACE 3
CHELSEA PLACE SHOPPING CENTER
NEW PORT RICHEY FL 34655

Mailing Address
1414 SEVEN SPRINGS BLVD SPACE 3
CHELSEA PLACE SHOPPING CENTER
NEW PORT RICHEY FL 34655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3530830

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TONG, RAYMOND
1414 SEVEN SPRINGS BLVD SPACE 3
CHELSEA PLACE SHOPPING CENTER
NEW PORT RICHEY FL 34655

Name CATHERINE T. REICHEL
Street Address (P.O. Box Number is Not Acceptable)
1414 Seven Springs Blvd Space 3
Chelsea Place Shopping Center
City New Port Richey 34655 FL Zip Code 34685

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 re-statuting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE PD
NAME REICHEL, RICHARD ☐ Delete
STREET ADDRESS 1721 GEORGIA AVE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VD
NAME REICHEL, CATHERINE T ☐ Delete
STREET ADDRESS 1721 GEORGIA AVE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE TD
NAME CHAN, KIT YEE T ☐ Delete
STREET ADDRESS 1721 GEORGIA AVE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE SD
NAME TONG, RAYMOND ☐ Delete
STREET ADDRESS 1542 ILLINOIS AVE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)