## '99-'02 UBR

## FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE BIVISION OF CORPORATIONS DOCUMENT # P98000084640 1. Entity Name 02 NOV -7 AM 8: 01 Chee, Inc DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 8201 S. Tamiami Trail AF-4 Sarasota, FL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Sarasota, FL Sarasota, FL. 65-0865692 Not Applicable <sup>Zip</sup>34238 Country Country 34238 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Wee Chee DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 8201 S. Tamiami Trail, AF-4 Sarasota 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) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible x filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE President TITLE CR2E034B (12/01) 300009026403 11/15/02--01080--015 \*\*600.00 NAME Wee Chee NAME STREET ADDRESS STREET ADDRESS 8201 S. Tamiami Traile AF-4 CITY-ST-7IF CITY-ST-ZIP Sarasota, FL. 34238 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME: -MAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

13. Thereby 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 attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

NAME

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR OUT

10/2/102

Date Daytime Phon

IN THIS SPACE