FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PR

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P99000008871 1. Entity Name HO WON OF PINELLAS, INC. 04-09-2001 90010 005 ***150.00 Principal Place of Business Mailing Address 328 E. LAKE ROAD 328 E. LAKE ROAD PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3556389 Not Applicable Country \$8.75 Additional Zip Country Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TONG, RAYMOND 328 E. DAKE ROAD PALM HARBOR FL 34685 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 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition DP ☐ Delete TITLE TITLE NAME NAME REICHEL, RICHARD STREET ADDRESS STREET ADDRESS 1721 GEORGIA AVE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Change ☐ Addition ☐ Delete TITLE TITLE REICHEL, CATHERINE T NAME NAME STREET ADDRESS STREET ADDRESS 1721 GEORGIA AVE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Change ☐ Addition TITLE ☐ Delete TITLE DT NAME NAME CHAN, KIT YEE TONG STREET ADDRESS STREET ADDRESS 11745 GEORGIA AVE CITY-ST-7IP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Addition TITLE Change DS ☐ Delete TITLE NAME TONG, RAYMOND NAME STREET ADDRESS STREET ADDRESS 1542 JULINOIS AVE CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL 34683 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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