

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014070

1. Entity Name

MORNING CALM VENTURES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90154 034 ***150.00

Principal Place of Business

Mailing Address

6333 HOFSTRA CT ~~12234 KENNEDY~~ PO BOX 07388
 FORT MYERS FL 33919 ~~KN 5140~~ FORT MYERS FL 33919-0381
Fort Myers FL 33901

2. Principal Place of Business

1303 E Busch Blvd

3. Mailing Address

PO Box 22346

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

65-0899583

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33613

Country

USA

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

SIMONS, MARCIA
 6333 HOFSTRA CT
 FORT MYERS FL 33919

Name

~~Noe Geun Guak~~

Street Address (P.O. Box Number is Not Acceptable)

~~8450 College Pkwy #7~~

City

Fort Myers

FL

Zip Code

33919

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

Marcia Simons

4-28-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMONS, MARCIA	
STREET ADDRESS	6333 HOFSTRA CT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHUNG, JIN YOUNG	
STREET ADDRESS	2525 N DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GUAK, NOH GEUN	
STREET ADDRESS	9250 COLLEGE PKWY, #7	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUN, YUNG HO	
STREET ADDRESS	1303 E BUSCH BLVD	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIM, JUN HYUN	
STREET ADDRESS	10024 W OAKLAND PARK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marcia Simons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-00

Daytime Phone #

941 433 5120

CR2E034 (9/99)