

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90379 041 ***150.00

DOCUMENT # P99000040516

1. Entity Name
EGG ROLL KING, INC.



Principal Place of Business
**7851 SEMINOLE MALL
SEMINOLE FL 33772-4704**

Mailing Address
**7851 SEMINOLE MALL
SEMINOLE FL 33772-4704**

2. Principal Place of Business

3. Mailing Address

YEI, P.O. BOX 14508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clearwater, FL

Zip

Country

Zip

Country

337664508

4. FEI Number **59-3572026**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEUNG, GAR BO
7851 SEMINOLE MALL
SEMINOLE FL 33772-4704**

7. Name and Address of New Registered Agent

Name

MAYWA YEI

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

3233 State Rd 580

City

Safety Harbor

FL

Zip Code

34695

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

4/30/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	LEUNG, GAR BO	
STREET ADDRESS	7851 SEMINOLE MALL	
CITY-ST-ZIP	SEMINOLE FL 33772-4704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

CR2E034 (10/02)