

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90055 007 \*\*\*150.00

DOCUMENT # P99000058424

1. Entity Name

KIMSHINKIM GROUP, INC.

Principal Place of Business

13671 COVINGTON CREEK DRIVE  
JACKSONVILLE FL 32224

Mailing Address

13671 COVINGTON CREEK DRIVE  
JACKSONVILLE FL 32224

2. Principal Place of Business

~~2961 University Blvd, N~~  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

~~Jacksonville~~ FL

City & State

Jacksonville FL

4. FEI Number

59-3592786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIM, SHUNG KWON  
13671 COVINGTON CREEK DRIVE  
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

*Shungkwon Kim* *Shungkwon Kim*

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

(NOTE: Registered Agent signature required when reinstating)

2-4-2002

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, 2002 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KIM, SHUNG KWON  
CITY-ST-ZIP 13671 COVINGTON CREEK DRIVE  
JACKSONVILLE FL 32224

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KIM, CHANG YU  
CITY-ST-ZIP 7901 BAYMEADOWS CIRCLE E. 3523  
JACKSONVILLE FL 32256

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHIN, CHUNG KEUN  
CITY-ST-ZIP 4375 CONFEDERATE POINT RD. #4E  
JACKSONVILLE FL 32210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS KIM, CHANG YU  
CITY-ST-ZIP 12451 Swallowhawk Court East  
Jax FL 32225

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS SHIN CHUNG KEUN  
CITY-ST-ZIP 2139 Harbor Lake Dr.  
Orange Park, FL 32003

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:

*Shungkwon Kim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2002 (904) 221-3050

Date

Daytime Phone #

CR2E034 (9/01)