

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90001 016 \*\*\*150.00

DOCUMENT # **P990000064618**  
1. Entity Name  
**COVER MASTER, INC**Principal Place of Business  
**433 OPAL CT**  
**ALTAMONTE SPRINGS, FL 32714**  
Mailing Address  
**433 OPAL CT**  
**ALTAMONTE SPRINGS, FL**  
**32714****00032993**2. Principal Place of Business  
**433 OPAL CT**  
Suite, Apt. #, etc.  
3. Mailing Address  
**433 OPAL CT**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**ALTAMONTE SPRINGS FL**  
Zip  
**32714**  
Country  
**SENIOR**  
City & State  
**ALTAMONTE SPRINGS FL**  
Zip  
**32714**  
Country  
**SENIOR**4. FEI Number  
**59-5587396**  
Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required6. Name and Address of Current Registered Agent  
**YUNG SUP SONG**  
**3008 FOXHILL CIR #206**  
**AP-PLA FL 32703**7. Name and Address of New Registered Agent  
Name  
**MI HEE SHIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**433 OPAL CT**  
City  
**ALTAMONTE SPRINGS** FL Zip Code  
**32714**

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  **YUNG SUP SONG**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE **3-27-2000**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	<b>President</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YUNG SUP SONG</b>		NAME	<b>MI HEE SHIN</b>	
STREET ADDRESS	<b>3008 FOXHILL CIR #206</b>		STREET ADDRESS	<b>433 OPAL CT</b>	
CITY-ST-ZIP	<b>AP-PLA FL 32703</b>		CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SHIN, MI HEE** **3-27-2000** **407 786-5757**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)