

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90048 006 ***150.00

DOCUMENT # P99000079520

1. Entity Name

TWIN CACTUS OF LAKE LAND, INC.

Principal Place of Business
**4120 STAFFORDSHIRE DRIVE
LAKE LAND FL 33809**

Mailing Address
**4120 STAFFORDSHIRE DRIVE
LAKE LAND FL 33809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3594883**

Applied For

Not Applicable

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

**LEE, SHIAN-SHYAN
4120 STAFFORDSHIRE DRIVE
LAKE LAND FL 33809**

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

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, 2001, 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	P	<input type="checkbox"/> Delete
NAME	LEE, SHIAN-SHYAN	
STREET ADDRESS	4120 STAFFORDSHIRE DRIVE	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	YUNG-JEN, CHANG	
STREET ADDRESS	4120 STAFFORDSHIRE DR.	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE	CHIUNG NIANG CHANG	<input type="checkbox"/> Delete
NAME	WANG	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CH	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4112 STAFFORDSHIRE DR.	
CITY-ST-ZIP	LAKE LAND, FL 33809	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIUNG NIANG CHANG WANG	
STREET ADDRESS	4112 STAFFORDSHIRE DR.	
CITY-ST-ZIP	LAKE LAND, FL 33809	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHING-JUNG CHANG	
STREET ADDRESS	4120 STAFFORDSHIRE DR.	
CITY-ST-ZIP	LAKE LAND, FL 33809	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIAN-SHYAN LEE, V.P.

Date

1/10/01

Daytime Phone #

863 959-2198

CR2E034 (10/00)