

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086515

1. Entity Name

TAEK FORCE INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90191 036 ***150.00

Principal Place of Business

Mailing Address

1713 EASTERN AVE.
ST. CLOUD FL 34769

1713 EASTERN AVE.
ST. CLOUD FL 34769-5408

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

59-3601183

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

CHON, TAEK
13953 FAIRWAY ISLAND DR., APT. 635
ORLANDO FL 32837

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, 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
NAME CHON, TAEK
STREET ADDRESS 13953 FAIRWAY ISLAND DR., APT. 635
CITY-ST-ZIP ORLANDO FL 32837

☐ Delete

TITLE TD
NAME DECARMO, AMOS
STREET ADDRESS 3210 CORD AVE.
CITY-ST-ZIP ST. CLOUD FL 34769

☐ Delete

TITLE S
NAME WILCOX, JEFFREY L
STREET ADDRESS 495 CYPRESS ST.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TAEK S CHON

4/27/00
Date

(407) 891-0335
Daytime Phone #

CR2E034 (9/99)