

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086515

1. Entity Name
TAEK FORCE INC.

Principal Place of Business
**1713 EASTERN AVE.
ST. CLOUD FL 34769**

Mailing Address
**1713 EASTERN AVE.
ST. CLOUD FL 34769**

2. Principal Place of Business
11 East 17th Street
Suite, Apt. #, etc.

3. Mailing Address
11 East 17th Street
Suite, Apt. #, etc.

City & State
Saint Cloud, FL
Zip
34769
Country
USA

City & State
Saint Cloud, FL
Zip
34769
Country
USA

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

TAEK S CHON

Date

Daytime Phone #

(407) 891-0335

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90356 022 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)