

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**  
 07-25-2002 90123 029 \*\*\*150.00

**DOCUMENT # P990000089793**

1. Entity Name  
**KYS, INC.**

Principal Place of Business  
**26541 TIMTAM PL**  
**WESLEY CHAPPEL FL 33544**

Mailing Address  
**26541 TIMTAM PL**  
**WESLEY CHAPPEL FL 33544**

80132121



DO NOT WRITE IN THIS SPACE

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 **59-3602245**

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

**SEO, KARYN**  
**26541 TIMTAM PLACE**  
**WESLEY CHAPPEL FL 33544**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**7/23/02**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SEO, YEON W</b> <b>26541 TIMTAM PL</b> <b>WESLEY CHAPPEL FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SEO, KARYN A</b> <b>26541 TIMTAM PL</b> <b>WESLEY CHAPPEL FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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

**7/23/02 813-994-1555**  
 Date Daytime Phone #

Attachment D# P99000089793 B0/32/21

7/23/02

Florida Department of State  
Uniform Business Report Filings  
P.O.Box 1500  
Tallahassee, FL 32302-1500

To Whom it May Concern:

I am hereby enclosing a check for \$150.00 in order to avoid my corporation from being revoked. I had not received the Uniform Business Report Form in May so therefore I did not send in payment. Had I received the form in May, I would have sent in the payment promptly. If you should have any questions, please feel free to call me at 813-994-1555.

Very truly yours,



Karyn A. Seo