**FILED** 

## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P99000095596 1. Entity Name 04-02-2002 90083 018 \*\*\*150.00 FU CHI, INC. Principal Place of Business Mailing Address 6415 JACKIE LYNN COURT 6415 JACKIE LYNN COURT SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0965270 Not Applicable Country \$8.75 Additional •5...Certificate of Status Desired 👵 🖫 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEE, H. GREG Street Address (P.O. Box Number is Not Acceptable) 2014 FOURTH STREET SARASOTA FL 34237 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, (9/01)☐ Addition TITLE ☐ Delete TITLE NAME NAME CHEN, CATHERINE C CR2E034 STREET ADDRESS STREET ADDRESS 6415 JACKIE LYNN COURT CITY ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 TITLE ☐ Delete TITLE Change □ Addition NAME CHEN, HAMMOND P NAME STREET ADDRESS 6415 JACKIE LYNN COURT STREET ADDRESS CITY-ST-ZIP:: . - CITY-ST-ZIP. -SARASOTA FL 34241 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

3/22/2002 (941) 925-0362 SIGNATURE: Latherine