

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097134

1. Entity Name
TDK, INC.

Principal Place of Business

8638 EDGE O WOODS COURT
ORLANDO FL 32819-4138

Mailing Address

8638 EDGE O WOODS COURT
ORLANDO FL 32819-4138

2. Principal Place of Business

802 Ingraham Avenue

Suite, Apt. #, etc.

Haines City, FL 33844

City & State

3. Mailing Address

802 Ingraham Avenue

Suite, Apt. #, etc.

Haines City, FL 33844

City & State

Zip

33844

Country

Polk

Zip

33844

Country

Polk

6. Name and Address of Current Registered Agent

KIM, TAE D

8638 EDGE O WOODS COURT
ORLANDO FL 32819-4138

4. FEI Number

59-3609605

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Byung Flores

Street Address (P.O. Box Number is Not Acceptable)

443 Jordan Stuart Cir #203

City

Apopka

FL

Zip Code
32703

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

(NOTE: Registered Agent signature required when reinstating)

DATE
x 7-03-02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	KIM, TAE D	
STREET ADDRESS	8638 EDGE O WOODS CT	
CITY-ST-ZIP	ORLANDO FL 32819-4138	
TITLE		<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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.D.S.T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flores, Byung	
STREET ADDRESS	443 Jordan Stuart Cir. #203	
CITY-ST-ZIP	Apopka, FL 32703	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: *Byung Flores*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/25/02 (863) 4226245

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-22-2002 90100 018 ***150.00

38724



DO NOT WRITE IN THIS SPACE