

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90026 005 \*\*\*150.00

**DOCUMENT # S01470**

1. Entity Name

**OCEAN CLEANERS OF NEPTUNE BEACH, INC.**

Principal Place of Business

**TRADEWINDS PLZ SHOPPING CTR #1  
 1505 ATLANTIC BLVD  
 NEPTUNE BEACH FL 32233**

Mailing Address

**TRADEWINDS PLZ SHOPPING CTR #1  
 1505 ATLANTIC BLVD  
 NEPTUNE BEACH FL 32233**

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 **59-3040718**

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

**LEE, JING J  
 1505 ATLANTIC BLVD  
 NEPTUNE BEACH FL 32266**

Name

**JONG TAE YOON**

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

**1505 Atlantic Blvd.**

City

**Neptune Beach, FL**

Zip Code

**32266**

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, 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 **PD** ☒ Delete  
 NAME **YUN, VAN**  
 STREET ADDRESS **10905 WITCHAVEN ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **JONG TAE YOON**  
 STREET ADDRESS **1505 Atlantic Blvd**  
 CITY-ST-ZIP **Neptune Beach, FL 32266**

TITLE **VPD** ☒ Delete  
 NAME **ASHLEY SIENG**  
 STREET ADDRESS **10070 RUSSELL SAMPSON RD**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **JONG SUN YOON**  
 STREET ADDRESS **1505 ATLANTIC BLVD.**  
 CITY-ST-ZIP **Neptune Beach, FL 32266**

TITLE **STD** ☒ Delete  
 NAME **SOPHAN SIENG**  
 STREET ADDRESS **10905 WITCHAVEN ST.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **STD** ☒ Change ☐ Addition  
 NAME **JUNG JIN LEE**  
 STREET ADDRESS **1505 Atlantic Blvd.**  
 CITY-ST-ZIP **Neptune Beach, FL 32266**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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

**JUNG JIN LEE**

**3/05/01**

**(904) 249-3772**

Date

Daytime Phone #

CR2E034 (10/00)