

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90226 021 ***150.00

DOCUMENT # S01508

1. Entity Name
PI-SHENG CHIANG, INCORPORATED



Principal Place of Business
**345 WEATHERBEE ROAD
FORT PIERCE FL 34952
US**

Mailing Address
**345 WEATHERBEE ROAD #140
FORT PIERCE FL 34952
US 34982**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6636 S. U.S. 1 HWY
Suite, Apt. #, etc.

3. Mailing Address
345 E. Weatherbee Rd
Suite, Apt. #, etc.
#140

City & State
port St. Lucie FL
Zip
34952
Country
U.S.

City & State
Fort pierce FL
Zip
34982
Country
U.S.

4. FEI Number
65-0219656

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHIH, TING KUO
2102 PYRAMID ROAD
PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name
PI-SHENG CHIANG
Street Address (P.O. Box Number is Not Acceptable)
345 E. Weatherbee Rd #140
City
Fort pierce **FL** Zip Code
34982

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 State of Florida

Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHIH, TING KUO 2102 PYRAMID RD. PORT ST. LUCIE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PI-SHENG CHIANG 345 E. Weatherbee Rd #140 Fort pierce FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03
Date

Daytime Phone #

CR2E034 (10/02)