

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

0492765 AV

**DOCUMENT # S93219**

1. Entity Name  
**PEACH GARDEN, INC.**

02-11-2002 90153 025 \*\*\*150.00

Principal Place of Business  
**24123 PEACHLAND BLVD.**  
**#A-1**  
**PORT CHARLOTTE FL 33954**

Mailing Address  
~~**24123 PEACHLAND BLVD.**~~  
~~**#A-1**~~  
~~**PORT CHARLOTTE FL 33954**~~



2. Principal Place of Business

3. Mailing Address  
**23152 Allen Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**Punta Gorda, FL**

4. FEI Number **65-0300601**

Applied For  
 Not Applicable

Zip Country

Zip **33980** Country **U.S.A.**

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

**CHAN, WAI KEUNG**  
**24123 PEACHLAND BLVD.**  
**UNIT. A-1**  
**PORT CHARLOTTE FL 33954**

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.

SIGNATURE \_\_\_\_\_ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
DP CHAN, WAI KEUNG	24123 PEACHLAND BLVD.#A1 PT. CHARLOTTE FL		
D CHAN, MAY LUK	24123 PEACHLAND BLVD.#A1 PT. CHARLOTTE FL		

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: *May Luk - Chan* /15/02 (941) 627-9800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)