

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90028 027 ***150.00

DOCUMENT # V47871

Entity Name
FLORIDA MICROCOMP, INC.

Principal Place of Business

**8535 BAYMEADOWS RD. #1
 JACKSONVILLE FL 32256**

Mailing Address

**8535 BAYMEADOWS RD. #1
 JACKSONVILLE FL 32256**

2. Principal Place of Business

9400 Atlantic Blvd.,

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 64

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32225

Country

USA

Zip

Country

4. FEI Number

59-3139480

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

**MARKS, LEONARD H.
 201 EAST KENNEDY BLVD.
 SUITE 1516
 TAMPA FL 33602**

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

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 **D** ☐ Delete
 NAME **CHANG, JEN HSUEH**
 STREET ADDRESS **630 E. WINNIE WAY**
 CITY-ST-ZIP **ARCADIA CA 91006**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jen Chang

4/12/01

Date

904-855-1148

Daytime Phone #

CR2E034 (10/00)