2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # 479558-CHARLES YOKUBONUS AND SON, INC. 04-09-2001 90004 037 ***150.00 Principal Place of Business Mailing Address **807 TERRACE AVE** 721 S BEACH ST DAYTONA BEACH FL 32114 APT 307-A DAYTONA BEACH FL 32114-5403 2. Principal Place of Business 3. Mailing Address 22 Meadow Ridge View 807 Terrace Aul. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE mond for in City & State City & State 4. FEI Number Applied For 59-1603980 FL Daytona Beach Ormand Beach Not Applicable Country Country ________ \$8.75 Additional 5. Certificate of Status Desired " Total 45 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Yokubonus, Charles Bruce YOKUBONUS, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 721 S. BEACH APT 307-A DAYTONA BEACH FL 32114 Ormand Beach City Zip_Code 32174 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Delete Yokubonus, Charles Bruce 22 Meadow Ridge View YOKUBONUS, CHARLES R NAME NAME **721 S BEACH APT 307A** STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-7IP Ormand Beach, FL 32174 TITLE Delete TITLE Yokubonus, Peggy S. 22 Meadow Ridge View Ormand Beach, FL 32174 YOKUBONUS, CHARLES B NAME NAME 19 MISNERS BRANCH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL CITY_ST-7IP TITLE TITI F Change Delete Addition Yokubonus, Charles R. NAME NAME 721 S. Beach St. Apt 307A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Daytona Beach, FL = TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.