FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # 479558 1. Entity Name CHARLES YOKUBONUS AND SON, INC. 02-21-2002 90144 003 ***150.00 Principal Place of Business Mailing Address 22 MEADOW RIDGE VIEW 807 TERRACE AVE ORMOND BEACH FL 32174 DAYTONA BEACH FL 32114 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1603980 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOKUBONUS, CHARLES BRUCE Street Address (P.O. Box Number is Not Acceptable) 22 MEADOW RIDGE VIEW DEMOND BEACH FL 32114 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Addition Yokubonus, Charles B. YOKUBONUS, CHARLES R NAME NAME 22 Meadow Ridge View Drynond Bach, FL 32174 22 MEADOW RIDGE VIEW STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Yokubonus, Charles R. 721 S. Beach St. Apt 307A NAME YOKUBONUS, CHARLES B NAME STREET ADDRESS 721 S BEACH ST. APT 307 A STREET ADDRESS Daytona Beach, FL 32114 CITY-ST-ZIP **ORMOND BEACH FL 32174** CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE YÖKUBONUS, PEGGY S NAME NAME 22 MEADOW RIDGE VIEW STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORMOND BEACH FL 32174 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ 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