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2001 Uniform Business Report (UBR)

FILED May 21, 2001 8:00 am Secretary of State **DOCUMENT # J48339** 05-21-2001 90371 041 ***150.00 YORK BRIDGE CONCEPTS, INC. Principal Place of Business Mailing Address 1419 W WATERS 1419 W WATERS STE 116 STE 116 TAMPA FL 33604 TAMPA FL 33604 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 Applied For 4. FEI Number 59-2830154 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YORK, JAMES Street Address (P.O. Box Number is Not Acceptable) 1419 W WATERS AVE STE 116 **TAMPA FL 33604** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete) loner YORK, JAMES NAME NAME 1419 W WATRS AVE STE 116, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE Delete TITLE Addition PATTERSON; THOMAS-M NAME NAME 1419 W. WATEAS AVE, #116 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.-ST-ZIP___ TAMPA FL 33604 TITLE ☐ Delete TITLE YORK, JOSEPH NAME NAME STREET ADDRESS 30432 EUCLID AVE STE-214 STREET ADDRESS CITY-ST-ZIP WICKLIFFE OH CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change PERMENTER, DORIS NAME NAME STREET ADDRESS 1419 W WATERS AVE STE 116 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL TITLE TITLE ☐ Addition 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 of trustee empowered to execute this yeport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

indicated on this report or supplemental report is true and of the corporation or the receiver of trustee empowered the changed, or on an attachment with an address, with all of the corporation of the co

SIGNATURE: