

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90239 001 ***300.00

DOCUMENT # J48339

1. Entity Name

YORK BRIDGE CONCEPTS, INC.

Principal Place of Business

**1419 W WATERS
 STE 116
 TAMPA FL 33604
 US**

Mailing Address

**1419 W WATERS
 STE 116
 TAMPA FL 33604
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2830154

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

YORK, JAMES

1419 W WATERS AVE STE 116

TAMPA FL 33604

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, 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

TITLE **O** ☐ Delete
 NAME **YORK, JAMES**
 STREET ADDRESS **1419 W WATRS AVE STE 116**
 CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE **P** ☒ Delete
 NAME **PERMETER, JAMES**
 STREET ADDRESS **1419 W. WATERS AVE**
 CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Change ☐ Addition
 NAME **Treasurer**
 STREET ADDRESS **Sue Webber**
 CITY-ST-ZIP **- Same As -**

TITLE **VP** ☐ Delete
 NAME **YORK, JOSEPH**
 STREET ADDRESS **1419 W. WATERS AVE, STE 116**
 CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Change ☐ Addition
 NAME **Corporate Sec.**
 STREET ADDRESS **Daniel Posada**
 CITY-ST-ZIP **- Same As -**

TITLE **S** ☒ Delete
 NAME **PERMENTER, DORIS**
 STREET ADDRESS **1419 W WATERS AVE STE 116**
 CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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:

Daniel Posada

REQUIRED

CORPORATE SECRETARY

Date

01/14/02

Daytime Phone #

813-933-1304

CR2E034 (9/01)