

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-22-2002 90249 010 ****61.25

DOCUMENT # N01000005374

1. Entity Name

WANDUK YACHAI, INC.

Principal Place of Business

**848 E. COLLEGE AVE. #1
 TALLAHASSEE FL 32301**

Mailing Address

**PO BOX 1742
 TALLAHASSEE FL 32302**

37074

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**KAKARIGI, DUBRAVKO
 848 E. COLLEGE AVE. #1
 TALLAHASSEE FL 32301**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **KAKARIGI, DUBRAVKO**
 STREET ADDRESS **PO BOX 1742**
 CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **D** Change Addition
 NAME **CYNTHIA GERRIE**
 STREET ADDRESS **PO BOX 1305**
 CITY-ST-ZIP **HIGHLAND PARK, IL 60035**

TITLE **D** Delete
 NAME **RATHVON, PETER RIEGART II**
 STREET ADDRESS **RR 3 BOX 150-D**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SOMMERS, TASHA**
 STREET ADDRESS **1350 E. WASHINGTON BLVD.**
 CITY-ST-ZIP **PASADENA CA 91104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **(DUBRAVKO KAKARIGI)**

4/30/2

850-222-8983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)