

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-17-2003 90268 025 ***150.00

DOCUMENT #N04000006012

1. Entity Name
YLL, INC.



Principal Place of Business
**20 SOUTH FIFTH STREET
FERNANDINA BEACH FL 32034**

Mailing Address
**20 SOUTH FIFTH STREET
FERNANDINA BEACH FL 32034**



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
510429512

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, CLYDE W
20 SOUTH FIFTH STREET
FERNANDINA BEACH FL 32034**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KATO, JOHN H**
STREET ADDRESS **2036 DELEEN ROAD**
CITY-ST-ZIP **YULEE FL 32097**

TITLE **D** ☐ Change ☒ Addition
NAME **Williams, Ivan**
STREET ADDRESS **1219 Blackmon Rd.**
CITY-ST-ZIP **Yulee FL 32097**

TITLE **D** ☒ Delete
NAME **ECHOFF, CYNTHIA**
STREET ADDRESS **1582 JOHNSON LANE**
CITY-ST-ZIP **YULEE FL 32097**

TITLE **D** ☐ Change ☒ Addition
NAME **Marshall, Thomas**
STREET ADDRESS **1220 Whippoorwill Place**
CITY-ST-ZIP **Yulee FL 32097**

TITLE **D** ☐ Delete
NAME **Callis, Julie**
STREET ADDRESS **1683-Avant Road**
CITY-ST-ZIP **Yulee FL 32097**

TITLE **D** ☐ Change ☒ Addition
NAME **Smith, Kim**
STREET ADDRESS **1655 Callaway Dr.**
CITY-ST-ZIP **Yulee FL 32097**

TITLE **D** ☐ Delete
NAME **Pomar, Joe**
STREET ADDRESS **3655 Crews Creek Avenue**
CITY-ST-ZIP **Yulee FL 32097**

TITLE **D** ☐ Change ☒ Addition
NAME **Pomar, Joe**
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CITY-ST-ZIP **Yulee FL 32097**

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CITY-ST-ZIP **Yulee FL 32097**

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 607, 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:

JOHN KATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

Date

904 825 4877

Daytime Phone #

CR2E034 (10/02)