## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P9900000526 Jan 18, 2000 8:00 am **Secretary of State** YAEGERS FINANCIAL SERVICES, INC. 01-18-2000 90178 034 \*\*\*150.00 Mailing Address Principal Place of Business 1901 BAYWOOD COURT 1901 BAYWOOD COURT SARASOTA FL 34231-4710 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65.0884773 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YAEGERS, DAVID A Street Address (P.O. Box Number is Not Acceptable) 1901 BAYWOOD COURT SARASOTA FL 34231 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) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITI F YAEGERS, DAVID A NAME STREET ADDRESS STREET ADDRESS 1901 BAYWOOD COURT CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP Delete Addition ☐ Change TITLE TITLE YAEGERS, ELIZABETH D NAME NAME 1901 BAYWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete Change Addition TITLE YAEGERS, DAVID A JR. NAME NAME STREET ADDRESS STREET ADDRESS 323 LENAIN CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

941 923 7427

Daytime Phone #