

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90107 001 ***150.00
 01-31-2001 90107 002 *****8.75

DOCUMENT # P99000064667

1. Entity Name
Y.O.L.O., INC

Principal Place of Business
**ONE LUMBER RD.
 CENTURY FL 32535**

Mailing Address
**ONE LUMBER RD.
 CENTURY FL 32535**

2. Principal Place of Business
4361 HWY 4-A
 Suite, Apt. #, etc.

3. Mailing Address
4361 HWY 4-A
 Suite, Apt. #, etc.

City & State
Century, Florida

City & State
Century, Florida

4. FEI Number **59-3607553**

Applied For
 Not Applicable

Zip Country
32535 USA

Zip Country
32535 USA

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

**WESTMORELAND, J. LOFTON
 220 W. GARDEN ST.
 SUNTRUST TOWER, 9TH FL.
 PENSACOLA FL 32501**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	NEAL, REBECCA R	
STREET ADDRESS	ONE LUMBER RD.	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRES. NEAL; REBECCA R.	
STREET ADDRESS	4361 HWY 4-A	
CITY-ST-ZIP	CENTURY, FLORIDA 32535	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Rebecca R. Neal, OWNER (REBECCA R. NEAL) Date: 01/22/01 Daytime Phone #: 334-867-5500

CR2E034 (10/00)