

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90071 023 \*\*\*150.00

DOCUMENT # *P00000046704*



1. Entity Name  
*YOST Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*274 Apollo Beach Blvd.*  
Suite, Apt. #, etc.

3. Mailing Address  
*P.O. Box 1477*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Apollo Beach FLA*

City & State  
*Crystal River FLA*

4. FEI Number  
*59-3666374*

Applied For  
Not Applicable

Zip  
*33572*

Country  
*Hillsborough*

Zip  
*34423*

Country  
*Citrus*

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*David M. Garrick*

Street Address (P.O. Box Number is Not Acceptable)

*420 Miller Creek*

City  
*Crystal River* FL Zip Code  
*34428*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>C/O David M. Garrick P.O. Box 420 Crystal River FL 34423</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3.24.03* Daytime Phone # *352 563-5004*

CR2E034B (12/02)