2002 Uniform Business Report (UBR)

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SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # 511741 1. Entity Name RONALD YOGMAN AND ASSOCIATES, INC. 04-02-2002 90073 038 ***150.00 Mailing Address Principal Place of Business 5511 CENTRAL AVENUE 5511 CENTRAL AVENUE ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 3. Mailing Address 2. Principal Place of Business. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1687128 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOGMAN, RONALD H Street Address (P.O. Box Number is Not Acceptable) 7800 10TH AVE SOUTH SAINT PETERSBURG FL 33707 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (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 CR2E034 (9/01 TITLE ☐ Delete NAME yogman, Ronald H NAME 5511 CENTRAL AVE STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-7IF CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME YOGMAN, CLAIRE NAME 7800 10TH AVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP saint Petersburg Fl Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 pole of the corporation of of the c

Kovaco H. Youman