

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 583300**

1. Entity Name

Y. K. C., INC.**FILED**
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90334 042 ***150.00

0450301

Principal Place of Business

**283 SAN MARCO AVENUE
ST. AUGUSTINE FL 32084-1630**

Mailing Address

**283 SAN MARCO AVENUE
ST. AUGUSTINE FL 32084-1630**

2. Principal Place of Business

103 B Anastasia Blvd

Suite, Apt. #, etc.

3. Mailing Address

P O Box 3527

Suite, Apt. #, etc.

City & State

St. Augustine, Fl

City & State

St Augustine, Fl

Zip

32080

Country

Zip

32085

Country

4. FEI Number

59-1841403

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**YARBROUGH, ELVIN P.
283 SAN MARCO AVE.
ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

Elvin P. Yarbrough

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

103 B Anastasia Blvd

City

St. Augustine,**FL**

Zip Code

32080

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **YARBROUGH, ELVIN P. JR.**
STREET ADDRESS **283 SAN MARCO AVE.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084-1630**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **Elvin P Yarbrough**
STREET ADDRESS **103 B Anastasia Blvd**
CITY-ST-ZIP **St. Augustine, FL 32080**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)