FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 31, 2002 8:00 am Secretary of State 583300 DOCUMENT # 1. Entity Name 03-31-2002 90367 025 ***150 00 Y. K. C., INC. Principal Place of Business Mailing Address P O BOX 3527 103 B ANASTASIA BLVD ST AUGUSTINE FL 32080 ST AUGUSTINE FL 32085 2. Principal Place of Business 3. Mailing Address 100 Southpark Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 305 City & State 4. FEI Number Applied For City & State 59-1841403 St. Augustine, Fl. Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 322086 Fee Required St. Johns 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name Elvin P Yarbrough YARBROUGH, ELVIN P. Street Address (P.O. Box Number is Not Acceptable) 103 B ANASTASIA BLVD 100 Southpark ST AUGUSTINE FL 32080 Suite 305 Zip Code St. Augustine 32086 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. 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, 2002 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 11. 12. CR2E034 (9/01) TITLE Change TITLE ☐ Delete Elvin P Yarbrough Jr. YARBROUGH, ELVIN P. JR. NAME NAME 103 B ANASTASIA BLVD 100 Southpark, Suite 305 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32080 CITY-ST-ZIP St. Augustine, Fl. 32086 CITY-ST-2iP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE · Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackment with an address, with all other like empowered.