

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 652423

1. Entity Name
C & L YATES, INC.

FILED
Apr 22, 2004 08:00 AM
Secretary of State

Principal Place of Business
9 AIRPORT ROAD
FROSTPROOF FL 33843

Mailing Address
9 AIRPORT ROAD
FROSTPROOF FL 33843



2. Principal Place of Business
Same as Above
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-2053784

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

YATES, CLYDE D
9 AIRPORT ROAD
FROSTPROOF FL 33843

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when agent resigns)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Check here if change of address is required ☐ \$5.00 Additional Fee Required

11. OFFICERS AND DIRECTORS

TITLE NAME
P YATES, CLYDE D
STREET ADDRESS 9 AIRPORT ROAD
CITY-ST-ZIP FROSTPROOF, FL 00000 ☐ Delete

TITLE NAME
ST YATES, LEILA A
STREET ADDRESS 9 AIRPORT ROAD
CITY-ST-ZIP FROSTPROOF, FL 00000 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000000125590
04/22/04-80031-011 150.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 697, 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.