

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-22-2001 90001 004 ***550.00

DOCUMENT # F00000003234

1. Entity Name
YOUWINIT.COM, INC.

Principal Place of Business
4410 S.W. 25TH AVENUE
CAPE CORAL FL 33914

Mailing Address
4410 S.W. 25TH AVENUE
CAPE CORAL FL 33914

2. Principal Place of Business
8280 College Parkway, Suite 103
 Suite, Apt. #, etc. **Suite 103**

3. Mailing Address
8280 College Parkway
 Suite, Apt. #, etc. **Suite 103**

City & State
Ft. Myers, Florida

City & State
Ft. Myers, Florida

4. FEI Number
59-1943014

Applied For
 Not Applicable

Zip
33919

Country
USA

Zip
33919

Country
USA

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

6. Name and Address of Current Registered Agent

STARK, CHARLES H
986 DOUGLAS AVENUE, SUITE 100
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
Kent E. Riedesel
 Street Address (P.O. Box Number is Not Acceptable)
8280 College Parkway, Suite 103
 Suite 103
 City
Ft. Myers **FL** Zip Code
33919

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 **Kent E. Riedesel**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/17/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RIEDEL, KENT 4410 S.W. 25TH AVENUE CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MINASI, STEVEN L 4410 S.W. 25TH AVENUE CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOD, CHRISTOPHER 4410 S.W. 25TH AVENUE CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARMAN, CHRISTOPHER 4410 S.W. 25TH AVENUE CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALLACE, CLYDE R JR. 4410 S.W. 25TH AVENUE CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAN, BONNIFANT H 4410 S.W. 25TH AVENUE CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RIEDEL, Kent E. 8280 College Parkway, Suite 103 Ft. Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD MINASI, Steven L. 8280 College Parkway, Suite 103 Ft. Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, Kathy 8280 College Parkway, Suite 103 Ft. Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMAN, Christopher 8280 College Parkway, Suite 103 Ft. Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORROW, Matthew 8280 College Parkway, Suite 103 Ft. Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFRAN, Joshua 8280 College Parkway, Suite 103 Ft. Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/01

941-433-5481

Date

Daytime Phone #

CR2E03 (5/01)