

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006836

1. Entity Name

N.D.Y., INC.

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90015 005 ***150.00

Principal Place of Business

10150 DANIELS PARKWAY
FT MYERS FL 33913

Mailing Address

10150 DANIELS PARKWAY
FT MYERS FL 33913

2. Principal Place of Business

10150 Daniels Parkway
Suite, Apt. #, etc.

3. Mailing Address

10150 Daniels Parkway
Suite, Apt. #, etc.

City & State

Ft. Myers, FL
Zip 33913 Country Lee

City & State

Fort Myers, FL
Zip 33913 Country Lee

4. FEI Number

41-1500818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YENISH, TOM
10150 DANIELS PARKWAY
FT MYERS FL 33913

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 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	YENISH, TOM	
STREET ADDRESS	647 NUNA AVE LOT 3	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	P	<input type="checkbox"/> Delete
NAME	YENISH, NORB	
STREET ADDRESS	647 NUNA AVE LOT 3	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	V	<input type="checkbox"/> Delete
NAME	YENISH, DONNA	
STREET ADDRESS	1092 WEST CLIFF CURVE	
CITY-ST-ZIP	SHOREVIEW MN 55126	
TITLE	S	<input type="checkbox"/> Delete
NAME	YENISH, PATTI	
STREET ADDRESS	8030 MT CURVE BLVD	
CITY-ST-ZIP	BROOKLYN PARK MN 55445	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANG, DIANE	
STREET ADDRESS	459 THOMPSON AVE W	
CITY-ST-ZIP	WEST ST PAUL MN 55118-3026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X Tom Yenish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

