FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90339 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003262

1. Entity Name

YPD Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2502 N. Rocky Point Dr	2502 N. Rocky Point Dr
Suite, Apt. #, etc. Suite 860	Suite, Apt. #, etc. Suite 860
City & State Tampa, FL	City & State TAMPA, FL
Zip 33607 Country	Zip 33607 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0496567 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Damian Freeman

Street Address (P.O. Box Number is Not Acceptable): 2502 N. Rocky Point Dr. Suite 860

City: Tampa **FL** Zip Code: 33607

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	CP
NAME	Freeman, Damian
STREET ADDRESS	2502 N. Rocky Point Dr Ste 860
CITY-ST-ZIP	Tampa, FL 33607
TITLE	T
NAME	Becker, James
STREET ADDRESS	2502 N. Rocky Point Dr Ste 860
CITY-ST-ZIP	Tampa, FL 33607
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-30-02 813-287-1849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #