

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H32838

1. Entity Name
YUBAR BUILDERS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90187 001 ***150.00

Principal Place of Business

1731 SEMINOLE DR
SARASOTA FL 34239
US

Mailing Address

1731 SEMINOLE DR
SARASOTA FL 34239
US

656350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1850 Boyce St.
Suite, Apt. #, etc.

3. Mailing Address

1850 Boyce St.
Suite, Apt. #, etc.

City & State

SARASOTA FLA

City & State

SARASOTA FLA.

4. FEI Number

59-2995557

Applied For

Not Applicable

Zip

34239

Country

FLA

Zip

34239

Country

FLA.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARGER, PAUL KNICK

~~1731 SEMINOLE DRIVE~~ 1850 Boyce St.
SARASOTA FL 34239

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOHANNON, JOE	
STREET ADDRESS	4922 HIDDEN OAKS TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUNCIL, DAVE	
STREET ADDRESS	1635 VEREDA VERDE RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARGER, KNICKOLE	
STREET ADDRESS	1731 SEMINOLE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PVP	<input type="checkbox"/> Delete
NAME	BARGER, PAUL KNICK	
STREET ADDRESS	1731 SEMINOLE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	BARGER, KNICKOLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1850 Boyce St.	
CITY-ST-ZIP	SARASOTA FLA.	
TITLE	BARGER, PAUL KNICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1850 Boyce St.	
CITY-ST-ZIP	SARASOTA FLA.	
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 law empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)