

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90133 005 \*\*\*550.00

**DOCUMENT # H68006**

1. Entity Name  
**Y.S.I., INCORPORATED**

Principal Place of Business      Mailing Address  
**670 TONY YACOVETTI**      **670 TONY YACOVETTI**  
**3295 SE DIXIE HWY.**      **3295 SE DIXIE HWY.**  
**STUART FL 34997**      **STUART FL 34997-5238**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**400 N. DIXIE HIGHWAY**      **400 N. DIXIE HIGHWAY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**STUART FL**      **STUART FL**

Zip      Country      Zip      Country  
**34994**      **USA**      **34994**      **USA**

4. FEI Number      Applied For  
**59-2547317**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**YACOVETTI ANTHONY**      ~~**STEPHEN NAVARETTA**~~  
**3295 SE DIXIE HWY.**  
**STUART FL 34997**

7. Name and Address of New Registered Agent  
 Name      **STEPHEN NAVARETTA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1100 SW ST. LUCIE WEST BLVD**  
 City      **PORT ST. LUCIE FL**      Zip Code      **34984**

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      DATE **5/2/00**  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>PTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YACOVETTI, TONY</b>	
STREET ADDRESS	<b>3295 SE DIXIE HWY</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SLOWEY, CHARLES D.</b>	
STREET ADDRESS	<b>4101C E12TH AVE, SUITE 4</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>PTSD</b>	<input type="checkbox"/> Delete
NAME	<b>STEVEN PESKOE</b>	
STREET ADDRESS	<b>400 N. DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
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"/> 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		
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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 reports 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:      DATE **5/4/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)