## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

% RICHARD D. YAHL

NAPLES FL 33999

3. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

4330 PINE RIDGE KRD KEXT

## K09796 DOCUMENT #

Country

1. Entity Name

Principal Place of Business

4330 PINE RIDGE KRD KEXT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

% RICHARD D. YAHL

NAPLES FL 33999

RICH YAHL TRUCKING, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90235 046 \*\*\*150.00

20007603



YAHL, JEAN 4330 PINE RIDGE RD EXT NAPLES FL 34119

/. Name and Address of New	v Registered Agent	
Name	<del></del>	
Street Address (P.O. Box Number is Not Acceptal	ble)	_
City	FL Zip Code	
ed office or registered agent, or both, in the State of	Florida Lam familiar with, and accep	t

9. Election Campaign Financing

Trust Fund Contribution.

8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.

Country

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

Make Check	Payable to Florida Department of State			
10.,	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YAHL, JEAN 4330 PINE RIDGE EXT NAPLES FL 34119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	- Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP