

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

05-16-2001 90190 033 \*\*\*\*61.25

0059570

**DOCUMENT # N00000001614**

1. Entity Name

**Y.O.A.M. INC.**

Principal Place of Business

Mailing Address

P O BOX 13998  
 TAMPA FL 33681-3998

P O BOX 13998  
 TAMPA FL 33681-3998

2. Principal Place of Business

**PO Box 130344**

3. Mailing Address

**PO Box 130344**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

4. FEI Number

**59-3707283**

Applied For

Not Applicable

Zip

Country

**33681-0344 Hillsborough**

Zip

Country

**33681-0344 Hillsborough**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RILEY, PEOLA A  
 6815 INTERBAY BLVD #3  
 TAMPA FL 33616**

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

*Peola Riley*

**5-1-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  President  Delete  
 NAME Peola Riley  
 STREET ADDRESS 6815 Interbay Blvd. #3  
 CITY-ST-ZIP TAMPA FL 33616

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Vice President  Delete  
 NAME Marcelus Riley  
 STREET ADDRESS 6815 Interbay Blvd #3  
 CITY-ST-ZIP TAMPA FL 33616

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Secretary  Delete  
 NAME Lammella Turco  
 STREET ADDRESS 2291 Shreve Dr #17  
 CITY-ST-ZIP Hawthorne CA 90318

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Officer  Delete  
 NAME Sneekla Jacobs  
 STREET ADDRESS Stateman Rd.  
 CITY-ST-ZIP Belvoir VA.

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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, trustee empowered to execute this report as required by Chapter 617, 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.

SIGNATURE:

*Peola Riley*

**5/1/01 (813) 831-3196**

CR2E037 (10/00)