

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001614

1. Entity Name

Y.O.A.M. INC.

FILED

May 20, 2002 8:00 am
Secretary of State

05-20-2002 90069 031 ****61.25

Principal Place of Business

Mailing Address

PO BOX 130344
TAMPA FL 33681-0344

PO BOX 130344
TAMPA FL 33681-0344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3707283

Applied For

Not Applicable

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

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

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

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 P
NAME RILEY, PEOLA
STREET ADDRESS 6815 INTERBAY BLVD., #3
CITY-ST-ZIP TAMPA FL 33616

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME RILEY, MARCELLUS
STREET ADDRESS 6815 INTERBAY BLVD. #3
CITY-ST-ZIP TAMPA FL 33616

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME FUOCO, TAMMEKKA
STREET ADDRESS 2591 ETHERIDGE DR. A417
CITY-ST-ZIP ATLANTA GA 30318

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JACOBS, ONEIKKA
STREET ADDRESS STATEMAN RD.
CITY-ST-ZIP BELVOUR VA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)