


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90374 028 ****61.25

UBR4961

DOCUMENT # N00000001614
1. Entity Name
Y.O.A.M. INC.



Principal Place of Business: **PO BOX 130344 TAMPA FL 33681-0344**
Mailing Address: **PO BOX 130344 TAMPA FL 33681-0344**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: P <input type="checkbox"/> Delete	NAME: RILEY, PEOLA
STREET ADDRESS: 6815 INTERBAY BLVD., #3	CITY-ST-ZIP: TAMPA FL 33616
TITLE: DV <input type="checkbox"/> Delete	NAME: RILEY, MARCELLUS
STREET ADDRESS: 6815 INTERBAY BLVD. #3	CITY-ST-ZIP: TAMPA FL 33616
TITLE: DS <input type="checkbox"/> Delete	NAME: FUOCO, TAMMEKKA
STREET ADDRESS: 2591 ETHERIDGE DR. A417	CITY-ST-ZIP: ATLANTA GA 30318
TITLE: D <input type="checkbox"/> Delete	NAME: JACOBS, ONEIKKA
STREET ADDRESS: STATEMAN RD.	CITY-ST-ZIP: BELVOUR VA
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: _____ <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: _____

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: *Peola Riley* **PROBATION REQUIRED** 4/28/03 (813) 831-3196

CR2E037 (10/02)