

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001471

1. Entity Name

YUKO DAIKO, INC.

Principal Place of Business

3444 11TH AVE N
ST PETERSBURG FL 33713

Mailing Address

3444 11TH AVE N
ST PETERSBURG FL 33713-5408

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARGESON, LORRAINE
3444 11TH AVE N
ST PETERSBURG FL 33713

4. FEI Number

59-3173795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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

TITLE NAME ☐ Delete

SD
LAMBERT, LANCE
1415 4TH ST. S.W.
LARGO FL 34640

TITLE NAME ☐ Delete

D
PLANTAMURA, KATHY
7476 132ND WAY NO.
SEMINOLE FL 34646

TITLE NAME ☐ Delete

PD
RHODAS, JOAN
3505 OAKLAKE DR
PALM HARBOR FL 34684

TITLE NAME ☐ Delete

VD
RHODAS, JOHN
3505 OAKLAKE DR
PALM HARBOR FL 34684

TITLE NAME ☐ Delete

D
WALLS, AKIKO
2873 56TH ST. N.
ST. PETERSBURG FL 33710

TITLE NAME ☐ Delete

D
COMAS, ERIC
1820 1ST ST. NO.
ST. PETERSBURG FL 33704

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 of Eric Comas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90148 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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