

DOCUMENT # N93000001471

1. Entity Name
YUKO DAIKO, INC.

Principal Place of Business Mailing Address
3444 11TH AVE N 3444 11TH AVE N
ST PETERSBURG FL 33713 ST PETERSBURG FL 33713

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

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 _____ 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
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME LAMBERT, LANCE
STREET ADDRESS 1415 4TH ST. S.W.
CITY-ST-ZIP LARGO FL 34640

TITLE D ☐ Delete
NAME PLANTAMURA, KATHY
STREET ADDRESS 7476 132ND WAY NO.
CITY-ST-ZIP SEMINOLE FL 34646

TITLE PD ☐ Delete
NAME RHODAS, JOAN
STREET ADDRESS 3505 OAKLAKE DR
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE VD ☐ Delete
NAME RHODAS, JOHN
STREET ADDRESS 3505 OAKLAKE DR
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Delete
NAME WALLS, AKIKO
STREET ADDRESS 2873 56TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D ☐ Delete
NAME COMAS, ERIC
STREET ADDRESS 1820 1ST ST. NO.
CITY-ST-ZIP ST. PETERSBURG FL 33704

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: Lorraine Margeson Lorraine Margeson Exec. 1/4/01 727-327-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90001 042 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3173795 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (10/00)