

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000002545**

1. Entity Name

LIGHTNING STRIKE/ELECTRIC SHOCK SURVIVORS INTERN**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90014 013 ****70.00

Principal Place of Business

**4433 TROUT DR SE
ST PETERSBURG FL 33705**

Mailing Address

**4433 TROUT DR SE
ST PETERSBURG FL 33705-4149**

H0304200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1465406

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**YEATON, KEVIN
4433 TROUT DR SE
ST PETERSBURG FL 33705**

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 ☐ Delete
NAME **DP**
STREET ADDRESS **YEATON, KEVIN**
CITY-ST-ZIP **4433 TROUT DR SE
ST PETERSBURG FL**TITLE ☐ Change ☒ Add
NAME **D**
STREET ADDRESS **KAREN YEATON**
CITY-ST-ZIP **4433 TROUT DR SE
ST PETERSBURG, FL 33705**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MACHLER, JANICE H**
CITY-ST-ZIP **4433 TROUT DR SE
ST PETERSBURG FL**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCBAY, GEORGE**
CITY-ST-ZIP **4433 TROUT DR SE
ST PETERSBURG FL**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **ANDERSON, DONALD C**
CITY-ST-ZIP **4433 TROUT DR SE
ST PETERSBURG FL**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
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:

KAREN YEATON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2000 727-822-723