

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

07-31-2001 90002 004 ****61.25

DOCUMENT # N99000001206

1. Entity Name

JUST B-CAUSE, INC.

Principal Place of Business

P.O. BOX 41333
 ST. PETERSBURG FL 33743-1333

Mailing Address

P.O. BOX 41333
 ST. PETERSBURG FL 33743-1333

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 **59-3562018**

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

YANGER, WILLIAM L
324 SOUTH HYDE PARK AVENUE
SUITE 210
TAMPA FL 33707

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
After September 12, 2001, min. will be \$236.25

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ED
SHAYLEE, BOBBIE
3400 79TH VAY N
ST. PETERSBURG FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DP
MCNULTY, MATTHEW
555 PARK STREET SO
SAINT PETERSBURG FL 33707

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD
SMITH, BEVERLY
1050 STARKEY RD #510
LARGO FL 33771

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
YANGER, WILLIAM L
324 SOUTH HYDE PARK AVENUE, SUITE 210
TAMPA FL 33707

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

Bobbie Shaylee 08/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-322-8787

CR2E037 (5/01)