

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021492
 1. Entity Name *Y-NOT INVESTMENT INC.*

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 NOV 21 PM 4:08

Principal Place of Business Mailing Address
 16098 STATE RD. 84 WEST # 201
 Sunrise, FL. 33326

2. Principal Place of Business 3. Mailing Address
 Sunrise, FL 33326 16098 STATE RD 84 W.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # 201 # 201

DO NOT WRITE IN THIS SPACE

City & State City & State
 Sunrise, FL Sunrise, FL
 Zip Zip
 33326 USA 33326 USA

4. FEI Number Applied For
 65-0987753 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Anthony Schmidt
 35-A Isle of Venice
 Ft. Lauderdale, FL 33301

7. Name and Address of New Registered Agent
 Name: WAYNE HAYES
 Street Address (P.O. Box Number is Not Acceptable)
 16098 STATE ROAD 84 WEST #201
 City: SUNRISE FL Zip Code: 33326

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]* DATE 11-20-01
Signature of officer or director of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001, Fee will be \$550.00
 Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres - Sec. - Treasurer Anthony Schmidt 1434 Autumn Tr. W. Branch, MI 48661	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	000004711280--0 -12/08/01--01034--011 ***558.75 ***558.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone

CRCE034 (11/00)