

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046171

1. Entity Name
YASTSON, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91305 021 ***150.00

Principal Place of Business

423 W. VINE STREET
KISSIMMEE FL 34741

Mailing Address

423 W. VINE STREET
KISSIMMEE FL 34741

2. Principal Place of Business

1970 E. OSCEOLA PKY

Suite, Apt. #, etc.

3. Mailing Address

1970 E. OSCEOLA PKY

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

Zip

34743

Country

City & State

KISSIMMEE, FLORIDA

Zip

34743

Country

4. FEI Number

59-3643731

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

HUSSAIN, A.K.M.
423 W. VINE STREET
KISSIMMEE FL 34741

Name

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

1970 E. OSCEOLA PARKWAY

City

KISSIMMEE

FL

Zip Code

34743

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HUSSAIN, A.K.M.
CITY-ST-ZIP 423 W. VINE STREET
KISSIMMEE FL 34741

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1970 E. OSCEOLA PARKWAY
CITY-ST-ZIP KISSIMMEE, FL. 34743

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DIS
STREET ADDRESS ANGELA HUSSAIN
CITY-ST-ZIP 1970 E. OSCEOLA PARKWAY
KISSIMMEE, FL. 34743

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

A.K.M. Hussain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

(407)348-7266
Daytime Phone #

CR2E034 (10/00)