

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90071 023 ***150.00

DOCUMENT # *P00000046704*

1. Entity Name

YOST Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

274 Apollo Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1477

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apollo Beach FLA

City & State

Crystal River FLA

4. FEI Number

59-3666374

Applied For

Not Applicable

Zip

33572

Country

Hillborough H

Zip

34423

Country

Citrus

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David M. Garrick

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

420 Miller Creek

City

Crystal River

FL

Zip Code

34428

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*G/D
David M. Garrick
P.O. Box 420
Crystal River FL 34423*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-03

352 563-5004

CR2E034B (12/02)