

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064052

1. Entity Name

YISQUARED ENTERPRISES, INC.

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90048 036 \*\*\*150.00

Principal Place of Business Mailing Address  
**540 CARILLON PARKWAY** **540 CARILLON PARKWAY**  
**APT. 3035** **APT. 3035**  
**ST. PETERSBURG, FL 33617** **ST. PETERSBURG, FL 33617**

2. Principal Place of Business 3. Mailing Address  
**2333 FEATHER SOUND DRIVE** **2333 FEATHER SOUND DRIVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**UNIT C-407** **UNIT C-407**

City & State City & State  
**CLEARWATER, FLORIDA** **CLEARWATER, FLORIDA**

Zip Country Zip Country  
**33762** **U.S.A.** **33762** **U.S.A.**

4. FEI Number ☒ Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**YIYI LAM**  
**540 CARILLON PARKWAY, APT. 3035**  
**ST. PETERSBURG, FL 33617**

7. Name and Address of New Registered Agent

Name **YIYI JOHNSON**

Street Address (P.O. Box Number is Not Acceptable)  
**2333 FEATHER SOUND DRIVE**

**UNIT C 407**

City **CLEARWATER** **FL** Zip Code **33762**

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 **YIYI JOHNSON**

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

(NOTE: Registered Agent signature required when reinstating)

**04/17/01**

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 ☐ \$5.00 May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DIRECTOR** ☐ Delete  
 NAME **SCOTT J JOHNSON**  
 STREET ADDRESS **540 CARILLON PARKWAY, APT. 3035**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE **DIRECTOR** ☒ Delete  
 NAME **YIYI LAM**  
 STREET ADDRESS **540 CARILLON PARKWAY, APT. 3035**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **SCOTT J JOHNSON**  
 STREET ADDRESS **2333 FEATHER SOUND DRIVE, UNIT C-407**  
 CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **YIYI JOHNSON**  
 STREET ADDRESS **2333 FEATHER SOUND DRIVE, UNIT C-407**  
 CITY-ST-ZIP **CLEARWATER, FL 33762**

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

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

TITLE ☐ Change ☐ Addition  
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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)(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: **Scott J. Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SCOTT J. JOHNSON**

**4/17/01**

Date

**727/573-5368**

Daytime Phone #

CR2E034 (11/00)