

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 91075 025 ***150.00

DOCUMENT # P00000068585.

1. Entity Name

YANKEE INNOVATIVE CAPITAL & DEVELOPMENT, INC.

Principal Place of Business

**11500 N DALE MABRY HWY #1105
TAMPA FL 33618**

Mailing Address

**11500 N DALE MABRY HWY #1105
TAMPA FL 33618**

2. Principal Place of Business

8517 Misty River Ct.

3. Mailing Address

8517 Misty River Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL.

4. FEI Number

59-3667211

Applied For

Not Applicable

Zip

33637

Country

Hillsborough

Zip

33637

Country

Hillsborough

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

**SAVICKAS, WILLIAM J JR
11500 N DALE MABRY HWY #1105
TAMPA FL 33618**

Name

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

8517 Misty River Ct.

City **Tampa**

FL

Zip Code
33637

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 William J. Savickas Jr.
Signature, typed or printed name of registered agent and title if applicable.

William J. Savickas Jr. - President

3/20/01
DATE

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SAVICKAS, WILLIAM J JR**
CITY-ST-ZIP **11500 N DALE MABRY HWY #1105
TAMPA FL 33618**

TITLE ☒ Change ☐ Addition
NAME **8517 Misty River Ct.**
STREET ADDRESS **Tampa FL- 33637**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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)(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: William J. Savickas Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01
DATE

(813) 368-0590
Daytime Phone #

CR2E034 (10/00)