## **FILED** May 22, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** P00000071454 DOCUMENT # 1. Entity Name 05-22-2002 90075 006 \*\*\*150.00 YANNICELLI DISTRIBUTORS, INC. Principal Place of Business Mailing Address 6894 TERRA TRANQUILA DR. 6894 TERRA TRANQUILA DR. **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 4082 Arthurium Ave. 4082 Arthurium Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1031581 Lake Worth, Lake Worth, Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33462 33462 U.S.A U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YANCEY, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 4082 Arthurium Avenue 6894 TERRA TRANQUILA DR. **BOCA RATON FL 33433** <sup>City</sup> Lake Worth 33462 8. The above namedyentjiy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Richard A. Yancey, President 01/15/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete X7 Change ☐ Addition NAME YANCEY, RICHARD A NAME STREET ADDRESS 6894 TERRA TRANQUILA DR. STREET ADDRESS 4082 Arthurium Avenue CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP Lake Worth, FL 33462 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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.

DEOUTRICHARD A. Yancey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

01/15/02