

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085021

1. Entity Name

YONKINS DRYWALL TEXTURE, INC.

Principal Place of Business

3380 WILDERNESS TRAIL
KISSIMMEE FL 34746

Mailing Address

3380 WILDERNESS TRAIL
KISSIMMEE FL 34746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3667755

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YONKIN, SUSAN
3380 WILDERNESS TRAIL
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Susan Yonkin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/01

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

TITLE D ☐ Delete
NAME YONKIN, SUSAN
STREET ADDRESS 3380 WILDERNESS TRAIL
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☒ Delete
NAME YONKIN, DAVID SR
STREET ADDRESS 3380 WILDERNESS TRAIL
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☐ Delete
NAME YONKIN, DAVID JR
STREET ADDRESS 3304 WILDERNESS TRIAL
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☐ Delete
NAME YONKIN, CHRISTOPHER
STREET ADDRESS 3308 WILDERNESS TRAIL
CITY-ST-ZIP KISSIMMEE FL 34746

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

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

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

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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)(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:

Susan Yonkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Yonkin

3/16/01

Date

407-931-1750

Daytime Phone #

0432724

CR2E034 (10/00)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90445 025 ***150.00



DO NOT WRITE IN THIS SPACE