

05/02/2003 90738 007 ***150.00
P01000003945

03 MAY 20 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90122944

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #P01000003945**1. Entity Name
YU SERVICES, INC.Principal Place of Business
2067 MAJESTIC PINE CT NE
PALM BAY, FL 32905Mailing Address
2067 MAJESTIC PINE CT NE
PALM BAY, FL 32905

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

Applied For
Not Applicable

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

YU, HYON
2067 MAJESTIC PINE CT NE
PALM BAY, FL 32905

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

SIGNATURE

Signature of, and printed name of, registered agent and, if applicable, (NOT) Registered Agent designated when requested to

DATE

9. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT
YU, HYON
2067 MAJESTIC PINE CT NE
PALM BAY, FL 32905☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
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CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
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CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
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CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ Addition

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, 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. 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 Block 11 if changed, or on an addendum with an address, with all other like empowered.

SIGNATURE: X

Signature and Title of the Registered Agent or Secretary

Date

Days to File

30 APR