

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053265

1. Entity Name
Y YOGA, INC.

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90062 040 ***150.00

Principal Place of Business
4999 SPANISH OAKS CIRCLE
AMELIA ISLAND FL 32034

Mailing Address
4999 SPANISH OAKS CIRCLE
AMELIA ISLAND FL 32034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2615 PORTSIDE DR
Suite, Apt. #, etc.

City & State
FERNANDINA BEACH, FL

4. FEI Number
59-3722240
Applied For
Not Applicable

Zip
32034
Country
USA

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

6. Name and Address of Current Registered Agent

Kawecki, Elizabeth C
4999 SPANISH OAKS CIRCLE
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2615 PORTSIDE DR
City FERNANDINA BEACH FL Zip Code 32034

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 ELIZABETH C Kawecki Elizabeth C Kawecki 29 March 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 March 2002 (904) 415-9642
Date Daytime Phone #

0002865 AV

CR2E034 (9/01)