## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

## Feb 24, 2002 8:00 am Secretary of State P01000085492 DOCUMENT # 1. Entity Name 02-24-2002 90072 041 \*\*\*150.00 Y & O ENTERPRISES, INC. Mailing Address Principal Place of Business 6525 109TH TERRACE N 6525 109TH TERRACE N PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State -- 59-3742924 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERDOMO, YADHIRA Street Address (P.O. Box Number is Not Acceptable) 6525 109TH TERRACE N PINELLAS PARK FL 33782 City 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, typed or printed name of registered agent and title if applicable. (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Addition TITLE ☐ Delete PERDOMO, YADHIRA NAME NAME 6525 109TH TERRACE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33782 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PERDOMO, WILLIAM O STREET ADDRESS STREET ADDRESS **6525 109TH TERRACE N** CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK FL 33782 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete DITE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

**FILED** 

achien feeding 2/8/02 727-641-587/
Date Date Dayline Phone #