

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90454 021 \*\*\*150.00

DOCUMENT # P01000089445

1. Entity Name

YOKEM AUTOMOTIVE, INC.

Principal Place of Business

549 N. GOLDENROD ROAD  
 SUITE #7  
 ORLANDO FL 32807

Mailing Address

549 N. GOLDENROD ROAD  
 SUITE #7  
 ORLANDO FL 32807

2. Principal Place of Business

549 N. Goldenrod Rd.

Suite, Apt. #, etc.

Suite #7

City &amp; State

Orlando, FL 3

Zip

32807

Country

3. Mailing Address

549 N. Goldenrod Rd.

Suite, Apt. #, etc.

Suite #7

City &amp; State

Orlando, FL

Zip

32807

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3828526

☒ Applied For  
☐ Not Applicable
5. Certificate of Status Desired ☐
**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

YOKEM, STACY F  
 549 N. GOLDENROD ROAD  
 SUITE #7  
 ORLANDO FL 32807

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.

*NA* Stacy F. Yokem  
 SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/01/02

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	President	<input type="checkbox"/> Delete
NAME	Shirley B. Yokem	
STREET ADDRESS	215 Dickinson Rd.	
CITY-ST-ZIP	Springfield, IL 62704	
TITLE	C.E.O.	<input type="checkbox"/> Delete
NAME	Stacy F. Yokem	
STREET ADDRESS	7624 Hidden Cypress Dr.	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stacy F. Yokem*  
 Stacy F. Yokem

4/01/02

(407) 947-1515

Date

Daytime Phone #

CR2034 (9/01)