

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90660 008 ***150.00

DOCUMENT # P02000029693

1. Entity Name
YAGMIN WILLNER ENTERPRISES, INC.



Principal Place of Business
**12695 AUTOMOBILE BLVD
CLEARWATER FL 33726**

Mailing Address
**12695 AUTOMOBILE BLVD
CLEARWATER FL 33726**



2. Principal Place of Business

5113 US Highway 19

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

NEW PORT RICHEY FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0397356

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip

34652

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLNER, SCOTT
12695 AUTOMOBILE BLVD
CLEARWATER FL 33726**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **WILLNER, SCOTT**
CITY-ST-ZIP **12695 AUTOMOBILE BLVD
CLEARWATER FL 33726**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **YAMGIN, MICHAEL F**
CITY-ST-ZIP **12695 AUTOMOBILE BLVD
CLEARWATER FL 33726**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WILLNER, CINDY**
CITY-ST-ZIP **12695 AUTOMOBILE BLVD
CLEARWATER FL 33726**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Cynthia Willner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03
Date

727-848-8899
Daytime Phone #

CR2E034 (10/02)