

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90085 029 \*\*\*150.00

**DOCUMENT # P02000061440**

**1. Entity Name**  
**Y.B.S. AUTO CARRIER CORP**



**Principal Place of Business**  
**8097 ALAM AVE.**  
**NORTH PORT FL 34287**

**Mailing Address**  
**8097 ALAM AVE.**  
**NORTH PORT FL 34287**

**2. Principal Place of Business**

**3. Mailing Address**

**P.O. Box 7397**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**North Port, FL**

**4. FEI Number**

**82-0546929**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

**34287**

**U.S.A**

**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**

**BUTTS, STEVEN M**  
**8097 ALAM AVE**  
**NORTH PORT FL 34287**

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.

**No**

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**BUTTS, STEVEN M**  
**8097 ALAM AVE.**  
**NORTH PORT FL 34287**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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**BUTTS, YUKO**  
**8097 ALAM AVE.**  
**NORTH PORT FL 34287**

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**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:**

**Steven Butts**  
**STEVEN BUTTS**

**01-10-03**

**941 423-2865**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)