

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 19, 2003 8:00 am
Secretary of State

08-19-2003 90020 005 ***150.00

DOCUMENT # P02000125044

1. Entity Name

YCM ENTERPRISES OF NAPLES INC



DO NOT WRITE IN THIS SPACE

90151735

2. Principal Place of Business
3610 7TH AVENUE SW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL

City & State

4. FEI Number 270036861

Applied For
Not Applicable

Zip
34117

Country

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name EDWARDS, DIAN M

Street Address (P.O. Box Number is Not Acceptable)

1852-B 40TH TERRACE SW

City NAPLES

FL

Zip Code
34116

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

8/12/2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

CEUS, YOLANDE (PRESIDENT)
3610 7TH AVENUE SW
NAPLES, FL 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-19-2003 90020 005 ***150.00

90151735

Attachment
ID# P0200012344

ALPHA ACCOUNTING SERVICES, INC.
1852 B 40TH TERRACE SW
NAPLES, FL. 34116
TEL: 239-455-3047, FAX: 239-455-5133

August 12, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILING
P O BOX 1500
TALLAHASSEE, FL 32302-1500

Dear Sir/Madam

RE: YCM ENTERPRISES OF NAPLES, INC- 3610 7TH AVE SW NAPLES, FL.34117

This letter is to notify you that this Corporation did not receive a renewal notice of the original form in January 2003. Therefore, we have downloaded a copy of the renewal form from the Internet on behalf of our client, for submission.

Yours truly,



DIAN EDWARDS
PRESIDENT