

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000129590

FILED
Apr 30, 2003
Secretary of State

Entity Name: YO-MO CERAMICS PLUS, INC.

Current Principal Place of Business:

2890 SOUTH HIGHWAY 17-92
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

2890 SOUTH HIGHWAY 17-92
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 11-3670503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOARS, SHERRI
2890 SOUTH HIGHWAY 17-92
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS () Change (X) Addition
Name: YOARS, SHERRY L TRES
Address: 2890 S HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

Title: MRS () Change (X) Addition
Name: MOWERY, DONNA L PRES
Address: 2890 S HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

Title: MRS () Change (X) Addition
Name: YOARS, SHERRY L VP
Address: 2890 S HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

Title: MRS () Change (X) Addition
Name: MOWERY, DONNA L SCTY
Address: 2890 S HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L MOWERY

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date