

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90104 020 ***150.00

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DOCUMENT # P05806

1. Entity Name
YODER INCORPORATED



Principal Place of Business

~~00100 US HWY 1~~

~~SUITE 7~~

KEY LARGO FL

US

Mailing Address

~~99100 US HWY 1~~

~~SUITE 7~~

KEY LARGO FL

US

2. Principal Place of Business

99330 OVERSEAS Hwy

3. Mailing Address

99330 OVERSEAS Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-0672160**

Applied For

Not Applicable

Zip

Country

33037-2435

Zip

Country

33037-2435

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

ANDERSEN, W.A.

~~00100 OVERSEAS HIGHWAY~~

KEY LARGO FL 33037-2407

Name

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

99330

City

FL

Zip Code

-2435

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ANDERSEN, LESLIE A.**
STREET ADDRESS **32904 LAKE ROAD**
CITY-ST-ZIP **AVON LAKE OH**

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

TITLE **VD** ☐ Delete
NAME **ANDERSEN, WILLIAM A.**
STREET ADDRESS **1038 ADAMS DR**
CITY-ST-ZIP **KEY LARGO FL**

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

TITLE **SD** ☐ Delete
NAME **ANDERSEN, KATHARINE Y.**
STREET ADDRESS **32904 LAKE ROAD**
CITY-ST-ZIP **AVON LAKE OH**

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

TITLE **D** ☐ Delete
NAME **ANDERSEN, JAMES L.**
STREET ADDRESS **805 CRYSTAL BEACH ROAD**
CITY-ST-ZIP **EAGLE LAKE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/03

(305) 451-1040

CR2E034 (10/02)