

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90099 041 ***150.00

DOCUMENT # P93000004872

1. Entity Name
YANKUS PRODUCTIONS, INC.

Principal Place of Business

**223 S. HOWARD AVENUE
TAMPA FL 33606**

Mailing Address

**223 S. HOWARD AVENUE
TAMPA FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4001 So. Westshore Blvd

Suite, Apt. #, etc.

Suite 1510

City & State

TAMPA FL.

3. Mailing Address

4001 So. Westshore Blvd

Suite, Apt. #, etc.

Suite 1510

City & State

TAMPA FL.

4. FEI Number

59-3166598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YANKUS, DENNIS
223 S. HOWARD AVENUE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **YANKUS, DENNIS**

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

4001 So. Westshore Blvd

City

TAMPA

FL

Zip Code

33611

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **YANKUS, DENNIS**
STREET ADDRESS **223 S HOWARD AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis Yankus DENNIS YANKUS President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/02
Date

(813) 254-4156
Daytime Phone #

CR2E034 (9/01)