

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065854

1. Entity Name

JOHN YOLMAN BUILDERS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90081 009 ***150.00

Principal Place of Business

Mailing Address

8616 HEMPSHIRE DR.
SEBRING FL 33870
US

8616 HEMPSHIRE DR.
SEBRING FL 33870-6054
US

8324 Castile Rd

2. Principal Place of Business

3. Mailing Address

8324 Castile Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sebring, FL

Sebring, FL

City & State

City & State

Sebring, FL

Sebring, FL

Zip

Country

Zip

Country

33870

HIGHLANDS

33870

HIGHLANDS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOLMAN, JOHN
8616 HEMPSHIRE DR.
SEBRING FL 33870

8324 Castile Rd
Sebring, FL
33870

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	YOLMAN, JOHN	
STREET ADDRESS	8616 HEMPSHIRE DR.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YOLMAN, BEATRICE M	
STREET ADDRESS	8616 HEMPSHIRE DR.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

655-3363

Daytime Phone #

CR2E034 (9/99)