

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90004 022 \*\*\*150.00

0354957 AV

DOCUMENT # P93000069804

1. Entity Name

YELLOWSTONE MANAGEMENT GROUP, INC.

Principal Place of Business

11911 US HWY 1  
 STE 201  
 N PALM BCH FL 33408  
 US

Mailing Address

11911 US HWY 1  
 STE 201  
 N PALM BCH FL 33408  
 US

2. Principal Place of Business

749 US Highway ONE  
 Suite, Apt. #, etc.  
 203C

3. Mailing Address

749 US Highway ONE  
 Suite, Apt. #, etc.  
 203C

City &amp; State

N. Palm Beach FL 33408

City &amp; State

N. Palm Beach FL 33408

4. FEI Number

65-0443017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BOFSHEVER, HAROLD S  
 2455 E SUNRISE BLVD  
 SUITE 917  
 FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name: Timothy H KENNEY  
 Street Address (P.O. Box Number is Not Acceptable): 203C  
 City: West Palm Beach FL Zip Code: 33407

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	P	<input type="checkbox"/> Delete
NAME	STRACHEN, WILLIAM A.	
STREET ADDRESS	11911 US HWY 1, STE 201	
CITY-ST-ZIP	N PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	749 US Highway ONE Suite 203C	
STREET ADDRESS	N. Palm Beach FL 33408	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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**

3/22/02  
 Date

561 8458155  
 Daytime Phone #

CR2E034 (9/01)