

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000005787**1. Entity Name
PRODUCT DEVELOPMENT RESOURCES INCORPORATED

Principal Place of Business 3 OLD MEADOW WAY PALM BCH GARDENS 33418	FL	Mailing Address 3 OLD MEADOW WAY PALM BCH GARDENS 33418	US	FL
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2. Principal Place of Business 1331A SOUTH KILLIAN DRIVE	3. Mailing Address 1331A SOUTH KILLIAN DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LAKE PARK FL	City & State LAKE PARK FL
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Zip 33403	Country US	Zip 33403	Country US
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4. FEI Number
65-0464336
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentYANIK GARY W
8728 MAN O'WAR ROAD

PALM BEACH GARDENS FL
33418 US**7. Name and Address of New Registered Agent**Name
YANIK GARY W
Street Address (P.O. Box Number is Not Acceptable)
8718 MANOWAR ROAD

City
PALM BEACH GARDENS FL Zip Code
33418

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 _____ **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANIK LYNDAL 8718 MAN O PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANIK GARY W 8718 MAN O PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANIK LYNDAL 8718 MAN O WAR ROAD PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANIK GARY W 8718 MAN O WAR ROAD PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lynda L. Yanik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP 04/25/2001

Date Daytime Phone #

CR2E034 (11/00)