

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
 01-18-2000 90152 046 ***150.00

DOCUMENT # P94000037030

1. Entity Name
YORKTOWN, INC.

Principal Place of Business Mailing Address

PORT ROYALE DR **3200 PORT ROYALE DR**
LAUDERDALE FL 33308 **1806**
 FT LAUDERDALE FL 33308-7807
 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0501074** Applied For
 65-0501074 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CASEY, CHRISTOPHER J
3200 PORT ROYALE DR 1806
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P	<input type="checkbox"/> Delete	TITLE	VP.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CASEY, CHRISTOPHER J		NAME	CATHY A. CASEY
3200 PORT ROYALE DR 1806		STREET ADDRESS	199 14TH ST. APT 1902
FT. LAUDERDALE FL		CITY-ST-ZIP	ATLANTA, GA 30309
SD	<input type="checkbox"/> Delete	TITLE	S.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CLINTON M. CASEY		NAME	JULIA A. CASEY
3200 PORT ROYALE DR. 1806		STREET ADDRESS	3200 PORT ROYALE DR #1806
FT. LAUDERDALE FL		CITY-ST-ZIP	FT LAUDERDALE FL 33308
SD	<input type="checkbox"/> Delete	TITLE	T.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CHRISTOPHER J. CASEY		NAME	DEWITT C. CASEY
3200 PORT ROYALE DR. 1806		STREET ADDRESS	3200 PORT ROYALE DR. #1806
FT. LAUDERDALE FL		CITY-ST-ZIP	FT LAUDERDALE FL 33308
T	<input checked="" type="checkbox"/> Delete	TITLE	
JALIA A CASEY		NAME	
3200 PORT ROYALE DR 1806		STREET ADDRESS	
FT LAUDERDALE FL 33308		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	

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: *Clinton Casey* 1-0-00 954-720-0036
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #