

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043684

1. Entity Name

JOHN M. YATSCO, P.A.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90017 036 ***150.00

Principal Place of Business

Mailing Address

SUITE 303, GLADES BUILDING
877 EXECUTIVE CENTER DRIVE WEST
ST. PETERSBURG FL 33702

SUITE 303, GLADES BUILDING
877 EXECUTIVE CENTER DRIVE WEST
ST. PETERSBURG FL 33702-2474

2. Principal Place of Business

4830 PARADISE WAY

3. Mailing Address

4830 PARADISE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3247884

Applied For

Not Applicable

Zip

Country

33705 US

Zip

Country

33705 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASCARA, ERNEST L
SUITE 303, GLADES BUILDING
877 EXECUTIVE CENTER DRIVE WEST
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

John M. YATSCO

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

4830 PARADISE WAY

City

ST. PETERSBURG FL

Zip Code

33705

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 file 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

TITLE PSTD ☐ Delete
NAME YATSCO, JOHN M
STREET ADDRESS 4830 PARADISE WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4-15-00 927-8669813

CR2E034 (9/99)