

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073830

1. Entity Name

Y-Y & L, INC.

Principal Place of Business

17912 PEPPER TREE LANE
LUTZ FL 33549

Mailing Address

17912 PEPPER TREE LANE
LUTZ FL 33549-4522

2. Principal Place of Business

2701 W. Busch Blvd.

Suite, Apt. #, etc.

Suite 208

City & State

Tampa, Fl

3. Mailing Address

2701 W. Busch Blvd.

Suite, Apt. #, etc.

Suite 208

City & State

Tampa, Fl

Zip

33618

Country

Hills.

Zip

33618

Country

Hills.

6. Name and Address of Current Registered Agent

LIMA, ALBERT P

17912 PEPPER TREE LANE
LUTZ FL 33549

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME P
STREET ADDRESS YANGER, WILLIAM H JR.
CITY-ST-ZIP 324 S. HYDE PARK AVE., SUITE 210
TAMPA FL

TITLE ☐ Delete
NAME VS
STREET ADDRESS YANGER, WILLIAM L
CITY-ST-ZIP 324 S. HYDE PARK AVE., SUITE 210
TAMPA FL

TITLE ☐ Delete
NAME DT
STREET ADDRESS ALBERT, LIMA
CITY-ST-ZIP 17912 PEPPER TREE LANE
LUTZ FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 P
STREET ADDRESS Yanger, William H Jr.
CITY-ST-ZIP 2701 W. Busch Blvd., Suite 208
Tampa, Fl 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: William H. Yanger Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00
Date

813-931-1145
Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90159 019 ***150.00

803582



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3276236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)