

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90453 027 ***150.00

DOCUMENT # P94000090959

1. Entity Name
JERRY YOAKEM MASONRY, INC.



Principal Place of Business
**8221 64TH ST. NORTH
PINELLAS PARK FL 33-781**

Mailing Address
**8221 64TH ST. NORTH
PINELLAS PARK FL 33-781**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3293160**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOAKEM, JERRY
3843 19TH AVE. NORTH
SAINT PETERSBURG FL 33714**

Name

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

3843 39th AVE. N.

City

ST. PETERSBURG

FL

Zip Code

33714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jerry Yoakem

JERRY YOAKEM

2/6/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	YOAKEM, JERRY	
STREET ADDRESS	3843 39TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZEOCI, SAME JR	
STREET ADDRESS	8415 JACAZALDA AVE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, THOMAS	
STREET ADDRESS	8221 64TH ST. NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry Yoakem

JERRY YOAKEM

2/6/03

525-1931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)