

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000010560**

1. Entity Name
Y-TORUS CORPORATION



Principal Place of Business
**C/O CRAIG C. CONKLIN
3049 E. WITHLACOOCHEE TRAIL
DUNNELLON FL 34434**

Mailing Address
**C/O CRAIG C. CONKLIN
3049 E. WITHLACOOCHEE TRAIL
DUNNELLON FL 34434**

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 **59-3296164** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CONKLIN, CRAIG C
3049 E. WITHLACOOCHEE TRAIL
DUNNELLON FL 34434**

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

SIGNATURE

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	D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, CRAIG C		NAME
STREET ADDRESS	3049 WITHLACOOCHEE TRAIL		STREET ADDRESS
CITY-ST-ZIP	DUNNELLON FL 34434		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
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NAME			NAME
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CITY-ST-ZIP			CITY-ST-ZIP
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CITY-ST-ZIP			CITY-ST-ZIP
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NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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, without other like empowered.

SIGNATURE

Craig Conklin RE: Y-Torus Corporation

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 07, 2003 8:00 am
Secretary of State**

04-07-2003 90983 036 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

4-14-2003 352-873-7596

Date

Daytime Phone #