

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90237 028 \*\*\*150.00

0106627 AT

**DOCUMENT # P95000074591**  
 1. Entity Name  
**YOXTHEIMER LATHING INC.**

Principal Place of Business  
**287 PALMETTO BLUFF RD**  
**BOSTWICK FL 32007**  
**US**

Mailing Address  
**POB 233**  
**BOSTWICK FL 32007**  
**US**



2. Principal Place of Business  
**110 Confederate Pt Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**110 Confederate Pt. Rd.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Palatka FL**

City & State  
**Palatka, FL**

Zip  
**32177** Country  
**USA**

Zip  
**32177** Country  
**USA**

4. FEI Number  
**59-3335081**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**WILLIAMS, BRENDIA**  
**6683 CRILL AVE**  
**PALATKA FL 32177**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOXTHEIMER, PAUL</b> <b>104 BRITTANY LN</b> <b>BOSTWICK FL 32007</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOXTHEIMER, DIANA</b> <b>104 BRITTANY LN</b> <b>BOSTWICK FL 32007</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Yoxtheimer, Paul</b> <b>110 Confederate Pt. Rd</b> <b>Palatka FL 32177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Yoxtheimer, Diana</b> <b>110 Confederate Pt. Rd.</b> <b>Palatka, FL 32177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X [Signature] D. O. Diana Yoxtheimer** **7/12/01** **386-325-6402**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Yoxtheimer Lathing Inc.  
110 Confederate Pt. Rd.  
Palatka, Florida 32177  
386-325-6402


July 12, 2001

Dept. of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern,

Please find attached my Uniform Business Report I received this week. This letter is a request for abatement of the penalty I'm being charged due to the fact this is the first report I have received. In December 2000 I moved and did not receive all of my mail at my forwarded address. If I had received the report prior to May 1st it would have made much more sense for me to pay the \$150.00 due rather than wait until now and have to pay \$550.00. I have been incorporated since 1995 and there has not been a problem with me mailing my report in on a timely basis. Please take this matter into consideration.

Thank you,

  
Paul Yoxtheimer  
President

PY/lw

cc:file

*Attachments*  
*DOC # 195 00074591*  
*C0073573*