

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000076138**

1. Entity Name

YUKON CAPITAL MANAGEMENT INCORPORATED**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90051 034 ***158.75

Principal Place of Business

**407 WEKIVA SPRINGS RD
SUITE 255
LONGWOOD FL 32779**

Mailing Address

**407 WEKIVA SPRINGS RD
SUITE 255
LONGWOOD FL 32779-5922**

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 **59-3338075**

Applied For

Not Applicable

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

**MURPHY, DAVID
8506 AMBER RIDGE CT
SANFORD FL 32771**

Name

DAVID MURPHY

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

683 OAK HOLLOW WAY

City

Altamonte Springs**FL**

Zip Code

32714

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MURPHY, DAVID**
STREET ADDRESS **8506 AMBER RIDGE CT**
CITY-ST-ZIP **SANFORD FL 32771**TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **BIRMINGHAM, TODD**
STREET ADDRESS **8506 AMBER RIDGE CT**
CITY-ST-ZIP **SANFORD FL 32771**TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Additor
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Additor
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:

TODD BIRMINGHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/00 407 781 5496