

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0495763 AV

FILED

03 MAY -5 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000094633**  
1. Entity Name  
~~GULF COAST PRINTING OF SEMINOLE, INC.~~  
**YINGER FAMILY GROUP, INC.**



Principal Place of Business  
~~13627 65TH ST N~~  
~~LARGO FL 33771~~  
US

Mailing Address  
~~13627 65TH ST N~~  
~~LARGO FL 33771~~  
US



2. Principal Place of Business  
**9438 106<sup>TH</sup> AVE. N.**  
Suite, Apt. #, etc.

3. Mailing Address  
**9438 106<sup>TH</sup> AVE. N.**  
Suite, Apt. #, etc.

City & State  
**LARGO, FL**

City & State  
**LARGO, FL**

CHECK HERE IF MAKING CHANGES

Zip  
**33777**

Country  
**USA**

Zip  
**33777**

Country  
**USA**

4. FEI Number **59-3353282**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**- YINGER, LEE.**  
**9438 106TH AVE NORTH**  
**LARGO FL 33777**

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

SIGNATURE *J. Yinger* **4/22/03**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD YINGER, LEE</b> <input checked="" type="checkbox"/> Delete <del>13627 65TH ST N</del> <del>LARGO FL 33771</del>
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>YINGER, LEE</b> <b>9438 106TH AVE. N.</b> <b>LARGO, FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY</b> <b>REBECCA S. YINGER</b> <b>SAME AS ABOVE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VICE PRESIDENT</b> <b>RONALD YINGER</b> <b>226 S. BROCK PT.</b> <b>INVERNESS, FL 34450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER</b> <b>JAMICE YINGER</b> <b>226 S. BROCK PT.</b> <b>INVERNESS, FL 34450</b>
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 <b>000018839090</b> <b>05/13/03--01060--027 **\$150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **4/22/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)