

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90040 048 ***150.00

DOCUMENT # **P96000043905**

1. Entity Name
YOGA ENERGY CENTER, INC.

Principal Place of Business 324 1ST AVE S. SUITE 100 SAINT PETERSBURG FL 33701 US	Mailing Address 132 GIRALDA BLVD. N.E. ST. PETERSBURG FL 33704 US
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2. Principal Place of Business 624 1st Ave S. Suite 100	3. Mailing Address 624 1st Ave S. Suite 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3389977	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SAMIS, KEELA 132 GIRALDA BLVD NE ST PETERSBURG FL 33704		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 *Keela Samis* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME DOMINICK, ARLENA	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 301 - 8TH AVENUE NORTH	CITY-ST-ZIP ST PETERSBURG FL 33701	NAME Arlena Dominick	
		STREET ADDRESS 8151 Bayshore Blvd	
		CITY-ST-ZIP St. Pete - FL 33706	
TITLE VP	NAME SAMIS, KEELA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 132 GIRALDA BLVD NE	CITY-ST-ZIP ST PETERSBURG FL 33704	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE P	NAME ARLENGA, DOMINICK	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8151 BAYSHORE BLVD	CITY-ST-ZIP SAINT PETERSBURG FL 33706	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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: *Keela Samis* DATE: 1/3/01 DAYTIME PHONE #: 727-582-7258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0358057

CR2E034 (10/00)