

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91697 001 ***150.00

DOCUMENT # P96000044257

1. Entity Name
GREGORY YODER P A

Principal Place of Business
**1601 S. GROVE STREET
 EUSTIS FL 32726**

Mailing Address
**1601 S. GROVE STREET
 EUSTIS FL 32726**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7857 SE HWY 42
 Suite, Apt. #, etc.

3. Mailing Address
7857 SE HWY 42
 Suite, Apt. #, etc.

City & State
SUMMERFIELD FL
 Zip Country
34491 LAKE 34491 LAKE

4. FEI Number **59-3382510** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**YODER, GREGORY A
 1601 S. GROVE STREET
 EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name
GREGORY A YODER

Street Address (P.O. Box Number is Not Acceptable)
7857 SE HWY 42

City State Zip Code
SUMMERFIELD FL 34491

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 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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 <input type="checkbox"/>	YODER, GREGORY 1601 S GROVE ST EUSTIS FL 32726	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	GREGORY YODER 7857 SE HWY 42 SUMMERFIELD FL 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD Delete <input type="checkbox"/>	YODER, LORI 1601 S GROVE ST EUSTIS FL 32726	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	LORI YODER 7857 SE HEY 42 SUMMERFIELS FL 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE Delete <input type="checkbox"/>		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: **GREGORY YODER** 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)