

DOCUMENT # P96000076268

Scott A. Yoke, Inc.

**Apr 05, 2000 8:00 am**  
**Secretary of State**

80052540

Principal Place of Business	Mailing Address
721 Sandalwood Ln. Naples, FL 34109	PO Box 2789 Bonita Springs, FL 34135 US

Principal Place of Business	3. Mailing Address PO Box 110129
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Naples Florida
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Zip	Country	Zip	Country
		34108	

4. FEI Number	59-3407154	Applied For
		Not Applicable

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

7. Name and Address of New Registered Agent

Johnson, Henry  
Johnson and Mount  
6736 Lone Oak Blvd.  
Naples, FL 34109

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

## 11. NAT. INF.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

## OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input checked="" type="checkbox"/> Delete Yoke, Scott A. 6921 Sandalwood Ln. Naples, FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP
<input type="checkbox"/> Delete Yoke, Kena M. 6921 Sandalwood Ln. Naples, FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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: Lena Gole  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date	Daytime Phone #
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3/30/00 941-592-7241