

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90174 031 ***150.00

DOCUMENT # P96000084488

1. Entity Name

THE YODOCK WALL COMPANY, INC.

Principal Place of Business

1517 SW 17TH STREET
FT. LAUDERDALE FL 33312
US

Mailing Address

1517 SW 17TH STREET
FT. LAUDERDALE FL 33312
US

2. Principal Place of Business

3000 SW 4th Ave.
Suite, Apt. #, etc.

3. Mailing Address

3000 SW 4th Ave.
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE, FL

Zip

33315

Country U.S.

BROWARD

Zip

33315

Country U.S.

4. FEI Number

65-0699527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YODOCK, LEO J III
1517 SW 17TH STREET
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

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

3000 SW 4th Avenue

City FORT LAUDERDALE FL

Zip Code 33315

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

1-15-01

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, 2001 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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | YODOCK, LEO J III | |
| STREET ADDRESS | 1517 SW 17TH STREET | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33312 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 3000 SW 4th Avenue |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33315 |
| TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | YODOCK, KATHLEEN |
| STREET ADDRESS | 3000 SW 4th Avenue |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33315 |
| TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Harrison, Kathleen |
| STREET ADDRESS | 3000 SW 4th Avenue |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33315 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-01

954-462-1169

CR2E034 (10/00)