2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P96000090978 YMD ENTERPRISES, INC. 05-01-2001 90027 028 ***150.00 Principal Place of Business Mailing Address 104 GARDENIA STREET 104 GARDENIA STREET TAVERNIER FL 33070 TAVERNIER FL 33070 304123 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State App.ied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACKMAN, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) **104 GARDENIA STREET** TAVERNIER FL 33070 Zio 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registerco Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete BLACKMAN, WILLIAM E NAME NAME **104 GARDENIA STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C1TY-ST-ZIP TAVERNIER FL 33070 TITLE ☐ Delete TITLE Addition LAIRD, BENJAMIN NAME NAME 20905 S.W. 256TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33031 CITY-ST-ZIP 1171.6 Delete TITLE ■ Addition NAME MAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TIT1 F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-74P City-St-7P TITLE ☐ Delete TITLE Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP 13. I hereby certify that the information su proces not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cortify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or cirector execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if lied with this filing indicated on this report or suppleme report is true an of the corporation or the rec

ther like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Man E Blackown 4-20-01 305 3742422