

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 997000001680

1. Entity Name
YV, INC.

Principal Place of Business Mailing Address
3162 MATECUMBE KEY RD
PUNTA GORDA FL 33955

2. Principal Place of Business 3. Mailing Address
3162 MATECUMBE KEY RD 3162 MATECUMBE KEY RD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State PUNTA GORDA FL City & State PUNTA GORDA FL
Zip 33955 Country USA Zip 33955 Country USA

4. FEI Number 52-2014489 Applied For
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

AMENDED

FILED
01 OCT 30 PM 4:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent
CHRISTIAN R. ROGERS
3162 MATECUMBE KEY RD
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent
Name
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 _____ 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) ☐

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 PSTD
NAME RICHARD C. STEWART ☒ Delete
STREET ADDRESS 3162 MATECUMBE KEY RD
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTDV
NAME CHRISTIAN R. ROGERS ☐ Change ☒ Addition
STREET ADDRESS 3162 MATECUMBE KEY RD
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE
NAME 000004719270-3 ☐ Change ☐ Addition
STREET ADDRESS -12/11/01--01070--009
CITY-ST-ZIP *****61.25 *****61.25

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: Christian R. Rogers CHRISTIAN R. ROGERS 9/18/01 941-637-6634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)