

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90102 008 \*\*\*150.00

065275 SP

**DOCUMENT # P97000001680**

1. Entity Name  
**Y V, INC.**

Principal Place of Business  
**3190B**  
**3162 MATECUBE KEY ROAD**  
**PUNTA GORDA FL 33955**

Mailing Address  
**3190B**  
**3162 MATECUBE KEY ROAD**  
**PUNTA GORDA FL 33955**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3190B MATECUBE KEY RD**

3. Mailing Address  
**3190B MATECUBE KEY RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PUNTA GORDA, FL**

City & State  
**PUNTA GORDA, FL**

4. FEI Number  
**52-2014489**

Applied For  
 Not Applicable

Zip  
**33955** Country  
**U.S.A.**

Zip  
**33955** Country  
**U.S.A.**

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**ROGERS, CHRISTIAN R**  
**3162 MATECUBE KEY ROAD**  
**PUNTA GORDA FL 33955**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3190B MATECUBE KEY RD**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD STEWART, RICHARD C 3162 MATECUBE KEY ROAD PUNTA GORDA FL 33955</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD CHRISTIAN R. ROGERS 3190B MATECUBE KEY RD PUNTA GORDA, FL 33955</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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** 4/16/02 941-637-6634  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #