

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90059 001 ***150.00

DOCUMENT # P97000036472

1. Entity Name
YEARBOOK CONNECTION, INC.



Principal Place of Business
~~4520 NORTHWEST 21ST DRIVE~~
GAINESVILLE FL 32605

32607

Mailing Address
~~4520 NORTHWEST 21ST DRIVE~~
GAINESVILLE FL 32605

32607

90007176



2. Principal Place of Business

10102 SW 25th PL

3. Mailing Address

10102 SW 25th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number 59-3451460

Applied For
☐ Not Applicable

Zip 32607

Country Alachua

Zip 32607

Country Alachua

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

WALLACE, STEVEN

~~4520 NW 21ST DR~~

GAINESVILLE FL 32601

10102 SW 25th PL

32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Steven Wallace*

1/12/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WALLACE, STEVEN
STREET ADDRESS ~~4520 NORTHWEST 21ST DRIVE~~ 10102 SW
CITY-ST-ZIP GAINESVILLE FL 32605 32607 25th PL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Wallace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-333-8452

CR2E034 (10/02)