2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 am g Secretary of State DOCUMENT # P97000037938 1. Entity Name 05-23-2002 90058 014 ***150.00 YADON, INC. Principal Place of Business Mailing Address 1103 LEELAND HEIGHTS BLVD. W. 1103 LEELAND HEIGHTS BLVD. W. 432430 LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business Mailing Address 107-101-Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Voort OMKSTEA OMESTEAN Mazrit City & State 4. FEI Number Applied For 65-0807994 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YADON, DALE Street Address (P.O. Box Number is Not Acceptable) 1103 LEELAND HEIGHTS BLVD. W. LEHIGH ACRES FL 33936 City 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. d name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP □ Delete TITLE CR2E034 (9/01) ☐ Addition NAME YADON, DALE NAME STREET ADDRESS 1103 LEELAND HEIGHTS BLVD. W. STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME YADON, PATRICIA NAME STREET ADDRESS STREET ADDRESS 1103 LEELAND HEIGHTS BLVD. W. CITY-ST-ZIP **LEHIGH ACRES FL 33936** CITY-ST-7IP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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