

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90503 004 ***150.00

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1. Entity Name
YADON, INC.

Principal Place of Business
**1107-A
HOMESTEAD RD NORTH
LEHIGH ACRES FL 33936**

Mailing Address
**1107-A
HOMESTEAD RD NORTH
LEHIGH ACRES FL 33936**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0807994**

Applied For
 Not Applicable

Zip Country

Zip Country

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

~~YADON, DALE
4103 LEELEND HEIGHTS BLVD. W.
LEHIGH ACRES FL 33936~~

*1107-A Homestead
RD. NORTH*

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 of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *DALE YADON*
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

4-25-03
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 Delete
NAME **DP**
STREET ADDRESS **YADON, DALE**
CITY-ST-ZIP **1103 LEELEND HEIGHTS BLVD. W.
LEHIGH ACRES FL 33936**

Change Addition
TITLE NAME
STREET ADDRESS **1107-A Homestead RD. N.**
CITY-ST-ZIP **LEHIGH ACRES, FL**

TITLE Delete
NAME **ST**
STREET ADDRESS **YADON, PATRICIA**
CITY-ST-ZIP **1103 LEELEND HEIGHTS BLVD. W.
LEHIGH ACRES FL 33936**

Change Addition
TITLE NAME
STREET ADDRESS **1107-A Homestead RD. N.**
CITY-ST-ZIP **LEHIGH ACRES, FL. 33936**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition
TITLE NAME
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: *DALE YADON*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03
Date

(239) 369-4478
Daytime Phone #

CR2E034 (10/02)