## page loss

## 2000 UNIFORM BUSINESS REPORT (UBR)

•						- 1					
DOCUMENT # P9700060112  1. Entity Name  YKSS INTERPRISES INC.								FILED			
							00 JUL 19 AM 9: 26				
· · · · · · · · · · · · · · · · · · ·							3 <u>18</u>	RETARY C	FOTATE		
•	e of Business		Mailing Address				AFF	anassee:	FEORIDA	4	
800 U.S. HIGHWAY 98 N. AKELAND FL 33809			3800 U.S. HIGHWAY 98 N. LAKELAND FL 33809-3833								
2. Principal P	Place of Busine	ess	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS SF	PACE	
City & Stat	te		City & State			4. F	El Number	59-345821	8		plied For t Applicable
Zip		Country	Zip	Countr	Country		Certificate of	Status Desired		<b>8.75</b> Addee Required	
	6. Name a	and Address of Currer	Current Registered Agent				Name and Ad	dress of New F	Registered Ag	jent	
A1 17	TED DEDUK	22 B			Name					*	
SUTTER, BERNARD R 3036 BIG SKY BOULEVARD					Street Addr	ress (P.O. B	ox Number is	Not Acceptable	e)	<del></del>	
KISS	SIMMEE FL 3	4741									
					City				FL	Zip Code	9
O The att -			<del>-</del>								
<ul> <li>o. me above</li> </ul>	e named entity	submits this statement	for the purpose of changing i	its registered	office or re	gistered ag	ent, or both, i	n the State of Flo	orida.		
o. The above	named entity	submits this statement	for the purpose of changing i	its registered	t office or re	gistered ag	ent, or both, i	n the State of Flo	orida.		
SIGNATURE		submits this statement		its registered				n the State of Flo	orida.  DATE		
SIGNATURE	Signature, typed or	r printed name of registered agei	nt and title if applicable (NG	OTE: Registered	Agent signature ri		instating)		DATE		
SIGNATURE  9. This corporate thing is	Signature, typed or oration is eligib requirement an	r printed name of registered age to to satisfy its Intangib and elects to do so.	nt and title if applicable (NO  Ile FILE NOV  After MAY 1, 2	OTE: Registered /	Agent signature in S \$150.00 rill be \$550	required when re	instating)	n the State of Floor	DATE		<b>0</b> May Be
SIGNATURE  9. This corporate filing in the corporate (See crite)	Signature, typed or	r printed name of registered age ole to satisfy its Intangib nd elects to do so.	it and title if applicable (No. )  Ile FILE NOV After MAY 1, 2 Make Check Pays	OTE: Registered V!!! FEE IS 2000 Fee wable to Dep	Agent signature in S \$150.00 rill be \$550	nequired when reconstruction of State	10. Election	on Campaign Fir	DATE nancing on.	Added	I to Fees
9. This corporate filing (See crite	Signature, typed or oration is eligib requirement an ria on back)	r printed name of registered age to to satisfy its Intangib and elects to do so.	nt and title if applicable (No.  Ile FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS	VIII FEE IS 2000 Fee wable to Dep	Agent signature in S \$150.00 rill be \$550	nequired when reconstruction of State	10. Election	on Campaign Fil	DATE  nancing on.   FICERS AND I	Added	I to Fees
SIGNATURE  9. This corporate filing in the corporate (See crite)	Signature, typed or oration is eligib requirement an ria on back)	r printed name of registered age ole to satisfy its Intangib nd elects to do so.	it and title if applicable (No. )  Ile FILE NOV After MAY 1, 2 Make Check Pays	OTE: Registered V!!! FEE IS 2000 Fee wable to Dep	Agent signature in S \$150.00 rill be \$550	nequired when reconstruction of State	10. Election	on Campaign Fir	DATE  nancing on.   FICERS AND I	Added	I to Fees
9. This corpt Tax filing (See crite  11.  TITLE NAME S.REET ADDRESS	Signature, typed or oration is eligible requirement and irria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	nt and title if applicable (No.  Ile FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS	VIII FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET	Agent signature in \$ \$150.00 will be \$550 partment of ADDRESS	nequired when reconstruction of State	10. Election	on Campaign Fir	DATE  nancing on.   FICERS AND I	Added	I to Fees
9. This corpt Tax filling i (See crite  11.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	Signature, typed or oration is eligible requirement and irria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered age to be to satisfy its Intangib and elects to do so.  OFFICERS AN	It and title if applicable  FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS  Delete	VIII FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET	Agent signature in \$ \$150.00 will be \$550 partment of ADDRESS	nequired when reconstruction of State	10. Election	on Campaign Fir	DATE  nancing on.   FICERS AND [	Added	I to Fees  S IN 11  Addition
9. This corpt Tax filing i (See crite  11.  ITILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or oration is eligible requirement and irria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	nt and title if applicable (No.  Ile FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS	VIII FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET CITY-S	Agent signature in \$ \$150.00 will be \$550 partment of ADDRESS	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE nancing on.   FICERS AND [	Added	I to Fees  S IN 11  Addition
9. This corpt Tax filling i (See crite  11.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	Signature, typed or oration is eligible requirement and irria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	It and title if applicable  FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS  Delete	VIII FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREE CITY-S TITLE NAME	Agent signature in \$ \$150.00 will be \$550 partment of ADDRESS	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE nancing on.   FICERS AND [	Added	I to Fees  S IN 11  Addition
9. This corporate filter from the second of	Signature, typed or oration is eligible requirement and irria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	It and title if applicable  FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS  Delete	VIII FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREE CITY-S TITLE NAME	Agent signature in \$ \$150.00 iill be \$550 partment of  ADDRESS IT-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fir	DATE nancing on.   FICERS AND [	Added	I to Fees  S IN 11  Addition
9. This corporate from the street address street address street address street address street address street address	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	It and title if applicable  FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS  Delete	VIII FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET NAME STREET NAME STREET	Agent signature in \$ \$150.00 iill be \$550 partment of  ADDRESS IT-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE  nancing on.   FICERS AND E	Added	Addition
9. This corpt Tax filing i (See crite  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	nt and title if applicable (NC After MAY 1, 2 Make Check Pays D DIRECTORS Delete	VIII FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	Agent signature in S \$150.00 will be \$550 partment of ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE  nancing on.   FICERS AND E	Added DIRECTORS Change Change 4 3	Addition
9. This corpt Tax filing (See crite  11.  ITILE NAME SCREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	nt and title if applicable (NC After MAY 1, 2 Make Check Pays D DIRECTORS Delete	VIII FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	Agent signature in S \$150.00 will be \$550 partment of ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE  nancing on.   FICERS AND E	Added DIRECTORS Change Change 4 3	Addition
9. This corpt Tax filling i (See crite  11.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	Ile FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS Delete Delete Delete	OTE: Registered .  VIII FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	Agent signature in S \$150.00 will be \$550 partment of ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE  nancing on.   FICERS AND [  0.00 *	Added DIRECTORS Change Change 43-134-13 ***155 Change	Addition  Addition  Addition  Addition  Addition
9. This corpt Tax filing (See crite  11.  ITILE NAME SCREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	nt and title if applicable (NC After MAY 1, 2 Make Check Pays D DIRECTORS Delete	VIII FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	Agent signature in S \$150.00 will be \$550 partment of ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE  nancing on.   FICERS AND [  0.00 *	Added DIRECTORS Change Change 4 3	Addition  Addition  Addition  Addition
9. This corporate the street address city-st-zip Title NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	Ile FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS Delete Delete Delete	OTE: Registered  V!!! FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	Agent signature in \$ \$150.00 iill be \$550 partment of ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE  nancing on.   FICERS AND [  0.00 *	Added DIRECTORS Change Change 43-134-13 ***155 Change	Addition  Addition  Addition  Addition  Addition
9. This corpt Tax filling i (See crite  11.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	Ile FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS Delete Delete Delete	OTE: Registered  V!!! FEE IS  2000 Fee wable to Dep  12.  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  NAME  STREET  NAME  STREET  NAME  STREET  NAME  STREET  NAME  NAME  NAME  NAME	Agent signature in \$ \$150.00 iill be \$550 partment of ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE  nancing on.   FICERS AND E  00-010 0.00 *	Added DIRECTORS Change Change 4 3	Addition  Addition  Addition  Addition  Addition
9. This corporate the street address city-st-zip title name street address city-st-zip title	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	Ile FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS Delete Delete Delete	OTE: Registered :  V!!! FEE IS 2000 Fee w able to Dep  12.  TITLE NAME STREET CITY-S	Agent signature in \$ \$150.00 iill be \$550 partment of ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE  nancing on.   FICERS AND E  00-010 0.00 *	Added DIRECTORS Change Change 43-134-13 ***155 Change	Addition  Addition  Addition  Addition  Addition
9. This corporate the corporate that the corporate	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	Ile FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS Delete Delete Delete	OTE: Registered :  V!!! FEE IS  2000 Fee w able to Dep  12.  TITLE NAME STREET CITY-S  TITLE NAME STREET NAME STREET NAME STREET NAME NAME NAME NAME NAME NAME	Agent signature in S \$150.00 will be \$550 partment of ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF IANGES TO OFF IANGES TO OFF IANGES TO OFF IANGES TO OFF	DATE  nancing on.   FICERS AND E  00-010 0.00 *	Added DIRECTORS Change Change 4 3	Addition  Addition  Addition  Addition  Addition
9. This corporate the street address city-st-zip title name street address city-st-zip title	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	Ile FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS Delete Delete Delete	OTE: Registered :  V!!! FEE IS  2000 Fee w able to Dep  12.  TITLE NAME STREET CITY-S  TITLE NAME STREET NAME STREET NAME STREET NAME NAME NAME NAME NAME NAME	Agent signature in S \$150.00 will be \$550 partment of ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF	DATE  nancing on.   FICERS AND E  00-010 0.00 *	Added DIRECTORS Change Change 4 3	Addition  Addition  Addition  Addition  Addition
9. This corporate the street address city-st-zip title name street address street address street address	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	Ile FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS Delete Delete Delete	OTE: Registered :  V!!! FEE IS  2000 Fee w able to Dep  12.  TITLE NAME STREET CITY-S  TITLE NAME STREET NAME STREET CITY-S  TITLE NAME STREET STREET NAME STREET NAME STREET	Agent signature in S \$150.00 will be \$550 partment of ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF IANGES TO OFF IANGES TO OFF IANGES TO OFF IANGES TO OFF	DATE  nancing on.   FICERS AND I	Added DIRECTORS Change Change 4 3	I to Fees  S IN 11  Addition
9. This corport Tax filling is (See crite) 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	It and title if applicable  FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS  Delete  Delete  Delete  Delete	OTE: Registered.  V!!! FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET CITY-S TITLE NAME	Agent signature in S \$150.00 will be \$550 partment of ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF IANGES TO OFF IANGES TO OFF IANGES TO OFF IANGES TO OFF	DATE  nancing on.   FICERS AND I	Added DIRECTORS Change Change 4 3	Addition   Addition
9. This corporate the corporate that the corporate	Signature, typed or oration is eligib requirement arria on back)  PD  DHANANI, 3209 WHIT	or printed name of registered ageing the to satisfy its Intangible and elects to do so.  OFFICERS AN  KABIRUDDIN  TE DOVE LANE	It and title if applicable  FILE NOV After MAY 1, 2 Make Check Pays D DIRECTORS  Delete  Delete  Delete  Delete	OTE: Registered.  V!!! FEE IS 2000 Fee wable to Dep 12. TITLE NAME STREET CITY-S TITLE NAME	Agent signature in S \$150.00 will be \$550 partment of ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	nequired when reconstruction of State	10. Election Trust I	on Campaign Fi Fund Contributio IANGES TO OFF IANGES TO OFF IANGES TO OFF IANGES TO OFF IANGES TO OFF	DATE  nancing on.   FICERS AND I	Added DIRECTORS Change Change 4 3	Addition   Addition   Addition   Addition

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 an other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

4-20-00 Date

te

Daytime Phone #

Regerding: - Uniform Burum Report Filingen	izh
Sin/maclam 3 hack mailed all	
my & Corperation Remark Form with Fee's chy \$ 150.00 on 4-20-00 for Some Reason 9 had received	
It back from post office with Return to Sender	
it to you again control  mail & with a Return Receipt.	
So place accept it sorry about delay which was out of my controll.	 }-
Thanks a million Appricated yours	
openhin as pollows.  Sheh zed Ent Ins.  Len Tra	