

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90529 047 ***150.00

DOCUMENT # P97000064059	
1. Entity Name	
Yopeny Enterprises, Inc.	

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54041254

2. Principal Place of Business 608 North Mac Dill Avenue Suite, Apt. #, etc.		3. Mailing Address 608 North Mac Dill Avenue Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, FL	
Zip 33609	Country USA	Zip 33609	Country USA

4. FEI Number 65-0772177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Darrell M. Raper	
Street Address (P.O. Box Number is Not Acceptable) 608 North Mac Dill Avenue	
City Tampa	Zip Code 33609

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  **Darrell M. Raper** **4/20/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

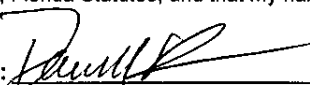
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Darrell M. Raper 608 North Mac Dill Avenue Tampa, FL 33609
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Darrell M. Raper \ Director** **4/20/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #