## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # (P97000083463					FIL.ED		
1. Entity Name					02 MAR 20 AM 9: 44		
YSEEK, INC						SECRETARY OF STATE TALLAHASSEE, FLORID!	
DO NOT WRITE IN THIS SPACE						INCELOR	
Principal Place of Business     3. Mailing Address						1 -2	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE \(\sigma - \left(\)	
Suite         1000         same           City & State         City & State						FEI Number Applied For	
Tampa, FL same						Not Applicable	
Zip 33602	Zip Country Zip ISA		Country		5. (	Certificate of Status Desired	
				7. Name and Address of Current Registered Agent			
DO NOT WRITE				Name Brashear, Bruce Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				926 NW 13th Street			
IN THIS SPACE							
City G					inesville FL   Zip Code 32601		
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.							
SIGNATURE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May 1  After May 1, Fet  Amended UBF  Make Check Payable to				is \$550.00 is \$61.25	ıte	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
11. OFFICERS AND DIRECTORS							
TITLE  NAME  STREET ADDRESS:  CITY: ST: ZIP	, , , , , , , , , , , , , , , , , , , ,			İ	3000051935739 -04/05/0201006004 ****300.00 *****300.00		
HTLE	Bruce C. Hammil, Pres/Dir		TITLE			CR28 CR28 CR28 CR28 CR28 CR28 CR28 CR28	
NAME STREET ADDRESS CITY+ST-ZIP	412 E. Madison, Suite 1000 Tampa, FL 33602		STRE	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	Mark R. Dolan,	Sec/Dir	TITLE				
NAME STREET ADDRESS CITY-ST-ZIP	412 E. Madison, Suite -1000 Tampa, FL 33602		Stite	د - میرونید خشه در به جمتریت میباده-میدناه درستیتان در به به درستانه-میدناه درستانه- در از درستانه- در درستانه- در در درستانه- در در درستانه- در درستانه- در در درستانه- در در درستانه- در درستانه- در درستانه- در درستانه- در		DO NOT WRITE	
HTLE NAME	Calabasa, CA 91302			NAME STREET ADDRESS		IN THIS SPACE	
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CITY-ST-ZIP TITLE			CITY	-ST-ZIP			
NAME	1 0 -1 3 0 00 00 01		NAM	E		<b>\</b>	
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<b>.</b>			nam. Strl	ET ADDRESS			
CHY-ST-ZIP		<del>)</del>	CITY	-ST-ZiP			
13. Thereby 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 significant have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to explicit this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.							
SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR DIRECTOR DAY DE DAY							

## Y-Seek, Inc. 412 E. Madison Street, Suite 1000 Tampa, FL 33602 (813) 223-3224 (813) 226-8838 Fax

February 26, 2002

**Division of Corporations Uniform Business Report** P O Box 6327 Tallahassee, FL 32314

RE: Yseek, Inc. P97000083463

Dear Sir or Madam:

We have just been alerted to the fact that our corporation was administratively dissolved in 2001.

Please be advised that the principal place of business changed in 2001 and we were never in receipt of the Uniform Business Report.

With that in mind, we are respectfully requesting a waiver of the reinstatement fee and are enclosing a check for \$300.00 which is the fee for 2001 and 2002.

Thanking you in advance for your understanding regarding this

situation.

**CEO/Director** 

DGM/dak