

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90138 023 ***150.00

DOCUMENT # P97000083463

1. Entity Name
YSEEK, INC.



Principal Place of Business
412 E. MADISON
SUITE 1000
TAMPA FL 33602

Mailing Address
412 E. MADISON
SUITE 1000
TAMPA FL 33602

2. Principal Place of Business
7732 N. Mobley Rd.
Suite, Apt. #, etc.

3. Mailing Address
7732 N. Mobley Rd.
Suite, Apt. #, etc.

City & State
Odessa FL

City & State
Odessa FL

Zip
33556

Country
US

Zip
33556

Country
US

4. FEI Number **65-0783722**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRASHEAR, BRUCE
926 N.W. 13TH STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **CEO** ☒ Delete
NAME **MARSHLACK, DAVID G**
STREET ADDRESS **412 E. MADISON, SUITE 1000**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **PD** ☒ Delete
NAME **HAMMIL, BRUCE C**
STREET ADDRESS **412 E. MADISON, SUITE 1000**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **SD** ☒ Delete
NAME **DOLAN, MARK R**
STREET ADDRESS **412 E. MADISON, SUITE 1000**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☒ Delete
NAME **LEVY, RON**
STREET ADDRESS **4250 TEMMA COURT**
CITY-ST-ZIP **GALABASA CA 91302**

TITLE **D** ☒ Delete
NAME **RUNYON, PAUL**
STREET ADDRESS **2961 W. MACARTHUR BLVD. #120**
CITY-ST-ZIP **SANTA ANA CA 92704**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition
NAME **David Weintraub**
STREET ADDRESS **7732 N. Mobley Rd.**
CITY-ST-ZIP **Odessa FL 33556**

TITLE **President** ☒ Change ☐ Addition
NAME **Glen Ostrowski**
STREET ADDRESS **7732 N. Mobley Rd.**
CITY-ST-ZIP **Odessa FL 33556**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Rachel Steele**
STREET ADDRESS **7732 N. Mobley Rd.**
CITY-ST-ZIP **Odessa FL 33556**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Tanya Ostrowski**
STREET ADDRESS **7732 N. Mobley Rd.**
CITY-ST-ZIP **Odessa FL 33556**

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

TITLE ☐ Change ☐ Addition
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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

813-926-3298
Daytime Phone #

CR2E034 (10/02)