2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State
03-12-2003 90132 031 ***150.00

DOCUMENT # P98000058913

1. Entity Name
YAPOR CORPORATION

Principal Place of Business	Mailing Address
~~301 E PINE STREET~~	PO BOX 686
~~SUITE 150~~	WINDERMERE FL 34786
~~ORLANDO FL 32801~~	

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
423 S. KELLER RD.		same POB ↑	
Suite, Apt. #, etc.: SUITE 100		Suite, Apt. #, etc.	
City & State: ORLANDO FL		City & State	
Zip: 32810	Country: USA	Zip	Country

4. FEI Number 59-3518045 ☐ Applied For ☐ Not Applicable

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
YAPOR, IRMA G	Name
~~301 E PINE STREET~~	Street Address (P.O. Box Number is Not Acceptable) 423 S. Keller Rd
~~ORLANDO FL 32801~~	SUITE 100
	City ORLANDO FL Zip Code 32810

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] IRMA YAPOR 3-7-03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	YAPOR, IRMA G	NAME	
STREET ADDRESS	~~8815 CONROY-WINDEMERE~~	STREET ADDRESS	423 S. Keller Rd. Suite 100
CITY-ST-ZIP	~~ORLANDO FL 32835~~	CITY-ST-ZIP	Orlando FL 32810
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED [signature] IRMA YAPOR 3-7-03 407-948-9948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/02)