

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90014 005 ***150.00

DOCUMENT # P98000063292

1. Entity Name
YOUSEFI, INC.

Principal Place of Business
8636 BEACH BLVD
JACKSONVILLE FL 32216
US

Mailing Address
4808 WINDRUSH LANE
STE 1
JACKSONVILLE FL 32217
US



2. Principal Place of Business
closed business
 Suite, Apt. #, etc.

3. Mailing Address
5210 Creekmore Lane
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Tampa FL 33624

4. FEI Number **59-3525551**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

YOUSEFI, SHAWN A
4808 WINDRUSH LANE
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name *Shawn Youssefi*
 Street Address (P.O. Box Number is Not Acceptable)
5210 Creekmore Lane
 City *Tampa* **FL** Zip Code *33624*

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 *Shawn Youssefi Pres.* *2/23/02*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00.
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input type="checkbox"/> Delete
NAME YOUSEFI, SHAWN	
STREET ADDRESS 8363 BEACH BLVD	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE VP	<input type="checkbox"/> Delete
NAME YOUSEFI, STEPHANIE	
STREET ADDRESS 8636 BEACH BLVD	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shawn Youssefi Pres.* *2/23/02*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)