

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90165 012 ***150.00

DOCUMENT # P98000068365

1. Entity Name
Y & Y ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~5812 BRADEN RIVER ROAD~~
~~BRADENTON FL 34203~~

~~5812 BRADEN RIVER ROAD~~
~~BRADENTON FL 34203~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5904 S.A 64 E.

5904 S.A 64 E.

City & State

City & State

Bradenton, FL

Bradenton, FL

Zip

Country

Zip

Country

34208

USA

34208

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YODER, MARK

~~5812 BRADEN RIVER ROAD~~
~~BRADENTON FL 34203~~

Name

Street Address (P.O. Box Number is Not Acceptable)

4717 Breezy Pines Blvd.

City

FL

Zip Code

Sarasota

34232

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 **DPS** ☐ Delete
 NAME **YODER, MARK**
 STREET ADDRESS ~~5812 BRADEN RIVER ROAD~~
 CITY-ST-ZIP ~~BRADENTON FL 34203~~

TITLE ☒ Change ☐ Addition
 NAME **YODER, BENJAMIN L**
 STREET ADDRESS **5745 Deer Hollow Lane W.**
 CITY-ST-ZIP **SARASOTA, FL. 34232**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **V.P., D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)