FILED May 01, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** P98000068365 DOCUMENT # 05-01-2003 90366 038 \*\*\*150.00 1. Entity Name Y & Y ASSOCIATES, INC. Principal Place of Business Mailing Address 6222 TOWER LANE 6222 TOWER LANE R-9 SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address CIRCLE 5/32 MALDON CIRCLE 513a MELDON Suite. Apt. #. etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0871198 Not Applicable ARASOLA \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YODER, MARK Street Address (P.O. Box Number is Not Acceptable) 4717 BREEZY PINES BLVD. SARASOTA FL 34232 MELDON CIRCLE 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE ☐ Delete TITLE ☐ Addition NAME YODER, MARK NAME 5132 MELDON CIRCLE STREET ADDRESS 4717 BREEZY PINES BLVD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-7IP SALASOTA, FL. 34232 TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE - . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

☐ Addition

CR2E034 (10/02)