## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P98000089240** May 09, 2000 8:00 am Secretary of State YODER FARM AND HARDWARE, INC. 05-09-2000 90119 046 \*\*\*150.00 Principal Place of Business Mailing Address 5904 SR 64 EAST 5904 SR 64 EAST BRADENTON FL 34208 **BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3547082 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YODER, MARK Street Address (P.O. Box Number is Not Acceptable) **5812 BRADEN RIVER ROAD BRADENTON FL 34203** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D Delete TITLE Change ☐ Addition TITLE YODER, MARK NAME NAME STREET ADDRESS STREET ADDRESS 5812 BRADEN RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Delete TIT! F ☐ Change ☐ Addition YODER, MARK C NAME NAME STREET ADDRESS STREET ADDRESS **5812 BRADEN RIVER ROAD** CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** Change ☐ Addition TITLE ☐ Delete TITLE YODER, MICHAEL K YOORA, MICHAEL K NAME NAME 1674 UNIVERSITY PRWY #255 STREET ADDRESS 6920 44TH COURT EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

YOUER