

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089438

1. Entity Name

YANCEY POWER PARTS & EQUIPMENT, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90016 028 \*\*\*150.00

Principal Place of Business

Mailing Address

19885 NE 22ND AVE  
NORTH MIAMI BEACH FL 33179

19885 NE 22ND AVE  
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

20161 NE 16TH PLACE

3. Mailing Address

20161 NE 16TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N Miami Bch. Fl.

City & State

N. Miami Bch. Fl.

4. FEI Number

65-0869309

Applied For

Not Applicable

Zip

Country

33179

Zip

Country

33179

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

YANCEY, ALLEN  
19885 NE 22ND AVE  
NORTH MIAMI BEACH FL 33179

Name

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

City

FL

Zip Code

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, 2000 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 ☐ Delete  
NAME P  
STREET ADDRESS YANCEY, ALLEN  
CITY-ST-ZIP 19885 NE 22ND AVE  
NORTH MIAMI BEACH FL 33179

TITLE ☒ Change ☐ Addition  
NAME 20161 NE 16TH PLACE  
STREET ADDRESS 33179  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS PAIGE, CRAIG  
CITY-ST-ZIP 19885 NE 22ND AVE  
NORTH MIAMI BEACH FL 33179

TITLE ☒ Change ☐ Addition  
NAME PAIGE, CARY  
STREET ADDRESS 20161 NE 16TH PLACE  
CITY-ST-ZIP 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VPD  
STREET ADDRESS JOHN JELKE  
CITY-ST-ZIP 20161 NE 16TH PLACE  
N. Miami Bch. Fl. 33179

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  
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 #

1-24 00

305 999-3434

CR2E034 (9/99)