

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90223 044 ***150.00

DOCUMENT # P99000016567

1. Entity Name
YTREE.COM, INC.

Principal Place of Business

**3578 N. ACCESS ROAD
 ENGELWOOD FL 34224**

Mailing Address

**P.O. BOX 380816
 MURDOCK FL 33938
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 495188

City & State

Zip

Country

City & State

Port Charlotte, FL

Zip

33949-5188

Country

USA

4. FEI Number

65-0891962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SLEPICA, JIM
 1001 WINDSOR TERRACE
 PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name

Jeff Bergovoy

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

165 Roselle Ct.

City

Port Charlotte

FL

Zip Code

33952

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

Jeff Bergovoy President Jeff Bergovoy 4/1/02

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, 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

TITLE **D** ☐ Delete
 NAME **BERGOVOY, JEFF**
 STREET ADDRESS **165 ROSELLE CT.**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☐ Delete
 NAME **SLEPICA, JIM**
 STREET ADDRESS **1001 WINDSOR TERRACE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **D** ☐ Delete
 NAME **KLEIN, MIKE**
 STREET ADDRESS **146 MECCA**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **JAMES P. SLEPICA**
 STREET ADDRESS **P.O. BOX 67**
 CITY-ST-ZIP **OCOCOQUAN, VA 22125-0067**

TITLE ☒ Change ☐ Addition
 NAME **MICHAEL F. KLEIN**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 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:

Jeff Bergovoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 941 766 0888

Date

Daytime Phone #

CR2E034 (9/01)