

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91537 034 ***150.00

DOCUMENT # P99000030413

1. Entity Name
YODER'S TOWING, INC.

Principal Place of Business
**2068 DAVIS BOULEVARD
 NAPLES FL 34104**

Mailing Address
**2068 DAVIS BOULEVARD
 NAPLES FL 34104**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3566886**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name
Jennifer L. Whitelaw, Esquire
 Street Address (P.O. Box Number is Not Acceptable)
3838 Tamiami Trail North, Third Floor
 City **Naples** FL Zip Code **34103**

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 Jennifer L. Whitelaw, Esquire DATE 5-15-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD YODER, JUDY 2068 DAVIS BOULEVARD NAPLES FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Judy Yoder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/14/02 Daytime Phone #

CRE034 (9/01)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPY

Attachment
#999000030413
868167

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: William MIDDLE: Fred LAST: Yoder			2. SEX Male		
3. DATE OF DEATH (Month, Day, Year) April 15, 2002		4. SOCIAL SECURITY NUMBER 286-36-5771		5a. AGE-Last Birthday (years) 60	5b. UNDER 1 YEAR Months: Days:
6. DATE OF BIRTH (Month, Day, Year) June 28, 1941		7. BIRTHPLACE (City and State or Foreign Country) Kenton, Ohio			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: Inpatient <input checked="" type="checkbox"/> ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)				9b. INSIDE CITY LIMITS? (Yes or No) Yes	
9c. FACILITY NAME (If not institution, give street and number) Naples Community Hospital			9d. CITY, TOWN, OR LOCATION OF DEATH Naples		9e. COUNTY OF DEATH Collier
10a. DECEDENT'S USUAL OCCUPATION Owner	10b. KIND OF BUSINESS/INDUSTRY Automotive	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Judith Irene Gottfried	
13a. RESIDENCE - STATE Florida	13b. COUNTY Collier	13c. CITY, TOWN, OR LOCATION Naples		13d. STREET AND NUMBER 1360 Green Valley Circle #1402	
13e. INSIDE CITY LIMITS? (Yes or No) No	13f. ZIP CODE 34104	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No		15. RACE - American Indian, Black, White, etc. Specify: White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (1-4 or 5+) (0-12) 12
17. FATHER'S NAME (First, Middle, Last) Fred M. Yoder			18. MOTHER'S NAME (First, Middle, Maiden Surname) Harriet L. Brown		
19a. INFORMANT'S NAME (Type or Print) Judith I. Yoder		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1360 Green Valley Circle #1402 Naples, Florida 34104			
20a. METHOD OF DISPOSITION Bunial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Southeastern Crematory		20c. LOCATION - City or Town, State Naples, Florida	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Karna B Snell		21b. LICENSE NUMBER (of Licensee) FE 4535	21c. NAME AND ADDRESS OF FACILITY Johnson-Pittman Funeral & Cremation Services 4424 E. Tamiami Trail Naples, Florida 34112		
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>George Camouras</i>		22b. DATE SIGNED (Mo., Day, Yr) 4/18/02		22c. HOUR OF DEATH 10:00 P.M.	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>George Camouras</i>		23b. DATE SIGNED (Mo., Day, Yr)	
23d. MEDICAL EXAMINER'S CASE #		23c. HOUR OF DEATH			
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) George Camouras, M.D. 694 8th St. N. Naples, Florida 34102					
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>Maria C Garcia</i>		25b. LOCAL REGISTRAR - SIGNATURE <i>Maria C Garcia</i>		25c. DATE REGISTERED April 22, 2002	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Maria C Garcia, Deputy* State Registrar

APR 22 2002

WARNING:
13407040

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

