

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **P99000045343**

1. Entity Name

Yoc Faria, Inc

Principal Place of Business

Mailing Address

**2566-D McMullen Booth Rd Same
Clearwater, FL 33761**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3574242

Applied For

Not Applied

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

Name

Lisa D. Taylor

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

590 Equine Drive

City

Tarpon Springs

FL

Zip Code

34689

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]
Signature, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.30.01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May
Added to Fee**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**President
Lisa D. Taylor
590 Equine Drive
Tarpon Springs, FL 34689**

TITLE ☐ Delete

**201-25-AK
10.00-ARARS**

TITLE ☐ Delete

88-75-ARSUPP

TITLE ☐ Delete

88-75-ARSUPP

TITLE ☐ Delete

88-75-ARSUPP

TITLE ☐ Delete

88-75-ARSUPP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

**000004430080--4
-06/19/01--01075--014
****300.00 ****300.00**

TITLE ☐ Change ☐ Add

00-01 UBR

TITLE ☐ Change ☐ Add

00-01 UBR

TITLE ☐ Change ☐ Add

00-01 UBR

TITLE ☐ Change ☐ Add

00-01 UBR

TITLE ☐ Change ☐ Add

00-01 UBR

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.30.01 727.432.4695

FILED

01 MAY 22 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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April 30, 2001

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: You Foria, Inc.
EIN 59-3574242

Dear Sir or Madam:

It has been brought to my attention that the annual report for You Foria, Inc. has not been filed with your office.

The original 2000 Uniform Business Report and the 2001 Uniform Business Report were not delivered to my office. I have changed addresses and the forwarding address was apparently mishandled by the postal system.

Please accept my check in the amount of \$300.00 for 2000 and 2001 representing the annual report fee, and abate the penalty.

I am a one-person corporation and this is a one time request. I was not aware of the annual report filing requirement until my accountant brought it to my attention.

I appreciate your assistance.

Sincerely,



Lisa D. Taylor
President

590 Equine Drive
Tarpon Springs, FL 34689