2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the

changed, or on an atta

SIGNATURE

receiver of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

hment with

FILED DOCUMENT # P99000049535 Jan 24, 2000 8:00 am **Secretary of State** YEAPLE CORPORATION 01-24-2000 90271 043 ***150.00 Principal Place of Business Mailing Address 106 S INTERLACHEN AVE. #216 106 S INTERLACHEN AVE. #216 WINTER PARK FL 32789-4453 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Coŭntry 1 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YEAPLE, RONALD N Street Address (P.O. Box Number is Not Acceptable) 106 S INTERLACHEN AVE, #216 WINTER PARK FL 32789 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 pack) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE YEAPLE, RONALD N NAME 106 S INTERLACHEN AVE, #216 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ___ Addition ☐ Change ☐ Delete TITLE TITLE YEAPLE, BEVERLY L NAME NAME STREET ADDRESS STREET ADDRESS 106 S INTERLACHEN AVE, #216 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☐ Addition ☐ Delete TITLE 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 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 and a 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address with air ther like empowered. 13. I hereby certify that the information indicated on this report or supplem