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

Daytime Phone #

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

<u> </u>	CIAILOKIAI BOSIV	ESS REPO	RT (L	JBR)		y or state
DOC 1. Entity N	UMENT # P9900	0054987			05-06-2002 90	0148 049 ***150.00
YELLOW DAFFODIL, INC.					648336	
	DO NOT WRITE	E IN THIS	SPA	ĈE		90
2. Principa 3450	Place of Business SE Dixie Highway	3. Mailing Address			-	
Suite. Apt. #, etc.         Juite Highway         3450 SE D           Suite. Apt. #, etc.         Suite. Apt. #, etc.				Highway	DO NOT WRITE IN THIS SPACE	
City & St		City & State		·	4. FEI Number	HIS SPACE
34997	rt, Florida Country	Stuart, F	Florida Cour		650932896	Applied For Not Applicable
34997		<sup>Zip</sup> 34997	Cour		5. Certificate of Status Desired	\$8.75 Additional Fee Required
l	<b>.</b>			Name	7. Name and Address of Current Regist	ered Agent
DO NOT WRITE IN THIS SPACE				Mich Street Address	lael L. Dale (P.O. Box Number is Not Acceptable) SE Poma Way	
				416		
				City Can		
8. The above named entity submits this statement for the purpose of changing its					art	L Zip C34994
SIGNATURE	140 1 1 1 -				ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent a	nd tille if applicable. (No	Off: Registered	Agent signature required	when reinstation)	9/02
9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 -	Máŭ 1 Eá	á la tito oo		·
(See criter	ria on back)	Make Check Paya	ed UBR is	\$550.00 \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	DIRECTORS	DIE 10 DE	partment of Stat	e .	- Added to rees
NAME	Margaret Rubino					
6689 Barrington Drive Stuart, Florida 34997			•	ADDRESS		
TITLE	VP/T			ST-ZIP		· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS	Fran Rubino 5253 SE Club Way		NAME			
CITY-ST-ZIP	Stuart, Florida 34	997	STREET CITY-S	ADDRESS T-7IP	<b>₹</b>	
UTLE NAME			TITLE		<u> </u>	
STREET ADDRESS			NAME STREET	ADDRESS		
1TLE			CITY-ST	- ZIP	DO NOT WR	ITE
AME TREET ADDRESS			TITLE NAME		IN THIS SPA	CF
ITY-ST_LIP	·		STREET			
TLE AME			TITLE	- 2119		St. 18 Com on a succession
REET ADDRESS			NAME		And the second s	
TY-ST-ZIP			STREET A		• 4	
ME E			TITLE			<u> </u>
REET ADDRESS Y-ST-ZIP			NAME STREET AL	DORESS		j
L hereby con	tify that the information supplied with this	filing does not - 1%	CITY-ST-			
indicated on of the corpor	this report or supplemental report is true ration or the receiver or trustee empower	neing does not qualify for to and accurate and that my red to execute this report	the exempti y signature	ion stated in Section shall have the same	on 119.07(3)(i), Florida Statutes, I further cen ic legal effect as if made under oath; that I a Florida Statutes; and that my name appears	ify that the information
	9	rered.	oo require(	i by Gnapter 607, I	Fiorida Statutes; and that my name appears	in Block 11 or on an
IGNATU		about 1			1/29/12	
	SIGNATURE AND TYPED OR PRINT	D NAME OF SIGNING OFFICER OF	RDIRECTOR		- // Dia	