

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058971

1. Entity Name
YANNEL CORPORATION

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90011 024 ***550.00

Principal Place of Business
820 IRONHORSE RD.
DAYTONA BEACH FL 32114

4153 Piney Branch Court
Jacksonville, Florida 32257

Mailing Address
820 IRONHORSE RD.
DAYTONA BEACH FL 32114



2. Principal Place of Business
4153 Piney Branch Court
Suite, Apt. #, etc.

3. Mailing Address
4153 Piney Branch Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, Florida
Zip 32257
Country USA

City & State
Jacksonville, Florida
Zip 32257
Country USA

4. FEI Number 59-3391499

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODGE, ANNE L
820 IRONHORSE RD.
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name ANNE L. GOODGE

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

4153 Piney Branch Court

City JACKSONVILLE

FL

Zip Code 32257

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)

DATE 8/20/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME GOODGE, ANNE L
STREET ADDRESS 820 IRONHORSE RD.
CITY-ST-ZIP DAYTONA BEACH FL 32114

☐ Delete

TITLE VP
NAME DIANA, YVONNE F
STREET ADDRESS 4153 Piney Branch Court
CITY-ST-ZIP DAYTONA BEACH FL 32114

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 8/20/01

904-733-5606

Daytime Phone #

CR2034 (5/01)