

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082925

1. Entity Name

YES LORD WITNESS WEAR, INC.

Principal Place of Business

2585 OLD GROVES ROAD #103  
NAPLES FL 34109-0669

Mailing Address

2585 OLD GROVES ROAD #103  
NAPLES FL 34134-3634

2. Principal Place of Business

5954 SAND WEDGE LANE

3. Mailing Address

5954 SAND WEDGE LANE

(Suite) Apt. #, etc.

# 704

(Suite) Apt. #, etc.

# 704

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34110-3300

Country

USA

Zip

34110-3300

Country

USA

4. FEI Number

59-3606307

Applied For

Not Applicable

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

HOFF, GENE H

2585 OLD GROVES ROAD #103  
NAPLES FL 34109-0669

Name

HOFF GENE H.

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

5954 SAND WEDGE LANE, STR #704

City

NAPLES

FL

Zip Code

34110-3300

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

GENE H. HOFF V.P.

GENE H. HOFF

1-23-2000

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

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, 2000 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C & P & D  
BARBARA A. HOFF  
5954 SAND WEDGE LANE #704  
NAPLES, FL 34110-3300

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V & T & S & D  
GENE H. HOFF  
5954 SAND WEDGE LANE #704  
NAPLES, FL 34110-3300

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHARLES W. FETZ  
8451 CASA DEL RIO LANE  
FORT MYERS, FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

GENE H. HOFF V.P.

1-23-2000

941-514-0370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)