

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102907

1. Entity Name

THE YELLOW GARAGE, INC.

Principal Place of Business

309 AVILA ROAD
WEST PALM BEACH FL 33405

Mailing Address

309 AVILA ROAD
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0969517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, CHARLES R ESQ
725 NORTH A1A STE E-102
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name *Linda Darlene Fraser*
Street Address (P.O. Box Number is Not Applicable)
309 Avila Rd
West Palm Bch, FL
City *FL* Zip Code *33405-1660*

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 *Linda D Fraser*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/01

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 \$150.00
After MAY 1, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS FRASER, LINDA D
CITY-ST-ZIP 309 AVILA ROAD
WEST PALM BEACH FL 33405

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCUMBER, SUSAN
CITY-ST-ZIP 14096 MORELL ROAD
MCCALL ID 83638

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

02-05-2001 90073 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)