

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90034 016 ***150.00

0089038
 AV

DOCUMENT # P99000105120

1. Entity Name

YATES EDWARDS CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

**300 CAROLINA AVE #101C
 WINTER PARK FL 32789**

**300 CAROLINA AVE #101C
 WINTER PARK FL 32789**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1348 GOLF POINT LOOP

P.O. Box 686

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

APOPKA, FL.

WINTER PARK, FL.

4. FEI Number

59-3617493

Applied For
 Not Applicable

Zip

Country

Zip

Country

32712

USA

32790

USA

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

EDWARDS, MARK Y

**300 CAROLINA AVE #101C
 WINTER PARK FL 32789**

Name **EDWARDS, Mark Y.**

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

1348 GOLF POINT LOOP

City **APOPKA**

FL

Zip Code
32712

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

1/18/02

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, 2002 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 **D**
 STREET ADDRESS **EDWARDS, MARK Y**
 CITY-ST-ZIP **300 CAROLINA AVE #101C
 WINTER PARK FL 32789**

TITLE ☒ Change ☐ Addition
 NAME **EDWARDS, Mark Y.**
 STREET ADDRESS **1348 GOLF POINT LOOP**
 CITY-ST-ZIP **APOPKA, FL. 32712**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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

1/18/02

Date

Daytime Phone #

CR2E034 (9/01)