

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0414831 AV

DOCUMENT # **S38456**

1. Entity Name
YOYODINE MOTIONS, INC.



FILED

03 APR 15 AM 9:59

Principal Place of Business
**14 S. SWINTON AVE.
DELRAY BEACH FL 33444**

Mailing Address
**14 S. SWINTON AVE.
DELRAY BEACH FL 33444**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
255 NE 6TH AVE
Suite, Apt. #, etc.

3. Mailing Address
255 NE 6TH AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL
Zip
33483 Country
USA

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DELRAY BEACH, FL
Zip
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4. FEI Number **65-0269768** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITHER, ROBERT M., JR.
14 S. SWINTON AVE.
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name
WINTZER, WILLIAM R.
Street Address (P.O. Box Number is Not Acceptable)
255 NE 6TH AVE
700016087707
04/15/03--01098--022 **150.00
City
DELRAY BEACH FL Zip Code
33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William R. Wintzer **WILLIAM R. WINTZER** **ALT** **4/14/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WORRELL, THOMAS E., JR. 14 S. SWINTON AVE. DELRAY BEACH FL 33444	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FREAKLEY, EDWIN M. 14 S. SWINTON AVE. DELRAY BEACH FL 32444	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SMITHER, ROBERT M., JR. 14 S. SWINTON AVE. DELRAY BEACH FL 33444	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORRELL, ODETTE A. 14 S. SWINTON AVE. DELRAY BEACH FL 33444	☒ Delete →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOODYEAR, KIM 125 LA POSTA TAOS NM 87577	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINTZER, WILLIAM R 14 S. SWINTON AVE. DELRAY BEACH FL 33444	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WORRELL, THOMAS E., JR 255 NE 6TH AVE DELRAY BEACH, FL 33483	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAN MARTIN, MARTA 255 NE 6TH AVE DELRAY BEACH, FL 33483	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WORRELL, CORTTE A. 255 NE 6TH AVE DELRAY BEACH, FL 33483	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODYEAR, KIM 125 LA POSTA ROAD TAOS, NM 87571	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALT WINTZER, WILLIAM R. 255 NE 6TH AVE DELRAY BEACH, FL 33483	☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. WINTZER **WILLIAM R. WINTZER** **4/14/03** **(561) 243-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)