

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V63390

1. Entity Name

YOMAX, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90078 011 ***150.00

Principal Place of Business

114 QUAYSIDE DR.
JUPITER FL 33477

Mailing Address

114 QUAYSIDE DR.
JUPITER FL 33477-4009

2. Principal Place of Business

702 Captain's way
Suite, Apt. #, etc.

3. Mailing Address

702 Captain's way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jupiter, FL

Zip
33477

Country
USA

City & State
Jupiter, FL

Zip
33477

Country
USA

4. FEI Number 65-0366589

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RANSIER, RICHARD
114 QUAYSIDE DRIVE
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name
RANSIER, Richard
Street Address (P.O. Box Number is Not Acceptable)
3602 Captain's way
City
Jupiter, FL Zip Code
FL 33477

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANSIER, RICHARD 114 QUAYSIDE DR. JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSIER, CAROL 114 QUAYSIDE JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3602 Captain's way Jupiter, FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	702 Captain's way Jupiter, FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-13-00

Date

561-575-3850

Daytime Phone #

CR2E034 (9/99)