

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90367 023 \*\*\*150.00

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**DOCUMENT # 655427**

1. Entity Name  
**YARBROUGH LEASING, INC.**

Principal Place of Business  
**283 SAN MARCO AVE.  
ST. AUGUSTINE FL 32084-1630**

Mailing Address  
**PO BOX 3527  
ST AUGUSTINE FL 32085**



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 **59-2054338**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**YARBROUGH, ELVIN P  
PO BOX 3527  
103 B ANASTACIA BLVD  
ST AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent

Name **Elvin P Yarbrough**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 Southpark Blvd**  
**Suite 305**  
City **St. Augustine** **FL** Zip Code **32086**

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

*Elvin P Yarbrough Jr*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent for this report is Elvin P Yarbrough Jr)

**3-19-02**

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, 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

TITLE **PS** ☐ Delete  
NAME **YARBROUGH, ELVIN P. JR.**  
STREET ADDRESS **103 B ANASTACIA BLVD**  
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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 **Elvin P Yarbrough Jr.**  
STREET ADDRESS **100 Southpark, Suite 305**  
CITY-ST-ZIP **St. Augustine, Fl., 32086**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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:

*Elvin P Yarbrough Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-19-02**

**904-808-6276**

Daytime Phone #

**ELVIN P. YARBROUGH, JR**

CR2E034 (9/01)