

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90043 046 ***150.00

DOCUMENT # J02862

1. Entity Name
WAYNE YARBOROUGH ENTERPRISES, INC.

Principal Place of Business

6094 OAKDALE LANE
MACCLENNY FL 32063
US

Mailing Address

6094 OAKDALE LANE
BOX 216-1
MACCLENNY FL 32063
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6094 Oakdale Lane

City & State

City & State

Macclenny, Fl.

Zip

Country

Zip

Country

32063

US

4. FEI Number

59-2755908

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

7. Name and Address of New Registered Agent

YARBOROUGH, BETTIE
6094 OAKDALE LANE
MACCLENNY FL 32063

Name

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

City

FL

Zip Code

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, 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 **D** ☐ Delete
NAME **YARBOROUGH, F. WAYNE**
STREET ADDRESS **IRA BURNSED LN**
CITY-ST-ZIP **MACCLENNY FL**

TITLE ☐ Change ☐ Addition
NAME *Oakdale Lane*
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **YARBOROUGH, BETTIE V.**
STREET ADDRESS **IRA BURNSED LN**
CITY-ST-ZIP **MACCLENNY FL**

TITLE ☒ Change ☐ Addition
NAME *Oakdale Lane*
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MALEY, ROY**
STREET ADDRESS **CR 23 D**
CITY-ST-ZIP **ST MARY FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Bettie V. Yarbrough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)