

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90079 041 \*\*\*150.00

**DOCUMENT # P00000063931**

1. Entity Name

**BACKYARD GOODIES, INC.**

Principal Place of Business

**6032 MARELLA DR.  
 SARASOTA FL 34243**

Mailing Address

**6032 MARELLA DR.  
 SARASOTA FL 34243**

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

**37-1433160**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TULLY, LINDA R  
 6032 MARELLA DR.  
 SARASOTA FL 34243**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	TULLY, LINDA R	
STREET ADDRESS	6032 MARELLA DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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:** *Linda R Tully*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/02*

Date

Daytime Phone #

CR2E034 (9/01)

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/30 Sent Airbourne

FU # 849 \$150

Attachment

36562



DO NOT WRITE IN THIS SPACE

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Date

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