2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 23, 2002 8:00 am Secretary of State P00000063931 DOCUMENT # 1. Entity Name 05-13-2002 90079 041 ***150 00 BACKYARD GOODIES, INC. Principal Place of Business Mailing Address 6032 MARELLA DR. 6032 MARELLA DR. SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 3 1 1433160 APPLIED FOR Applied For Zip Not Applicable Country Ζίρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TULLY, LINDA R Street Address (P.O. Box Number is Not Acceptable) 6032 MARELLA DR. SARASOTA FL 34243 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/04) Tully, linda r ☐ Addition NAME STREET ADDRESS 6032 MARELLA DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE ☐ Defete tm e NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE NAME Addition: NAME STREET ADORESS STREET ADDRESS CITY-ST-71 CiTY-St-7IP TITLE ☐ Delete TITLE NAME ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETT F NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE NAME □ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the Information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information 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

FILED

Daytime Phone #

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Principal Plac	e of Business	- · · · ◆ Mailing Address		,	\sim \sim \sim \sim \sim		
5032 MARELLA SARASOTA FL		6032 Marella dr. Sarasota fl. 34243		<i>;</i>	J 4562		
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2. Principal P	Place of Business	3. Mailing Address					
Suile, Apl. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	•	
City & State		City & State			hara 100a an 100 hard an 100 h	FOR Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	10.0	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	二	
TINIA INDA D				Name			
TULLY, LINDA R 6032 MARELLA DR.				Street Address (P.O. Box Number is Not Acceptable)			
	A FL 34243						
				City	FL Zip Code		
8. The above	named entity submits this stateme	ent for the purpose of changing it	s register	ed office or regis	stered agent, or both, in the State of Florida.		
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SIGNATURE .	Signature, typed or printed name of registered	Alo	TC: Danisters	d A d = :		.	
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Tax filling r	oration is eligible to satisfy its Intan requirement and elects to do so. ria on back)	gible FILE NOW After May 1, 2 Make Check Paya	002 Fee				
11.	OFFICERS A	AND DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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4/30/02

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR