

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90101 022 ***150.00

DOCUMENT # P01000120834

1. Entity Name

YELLOW CAT ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

644328

2. Principal Place of Business

194 Island Harbor Circle

3. Mailing Address

194 Island Harbor Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

4. FEI Number

01-0567518

Applied For

Not Applicable

Zip

32082

Country

United States

Zip

32082

Country

United States

5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

TAMARA C. DE SKINNER

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

194 ISLAND HARBOR CIRCLE

City

PONTE VEDRA BEACH

FL

Zip Code
32082

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DPST Tamara De Skinner 194 Island Harbor Circle Ponte Vedra Beach, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Tamara De Skinner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-273-5366

Daytime Phone #