

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000120834

1. Entity Name

YELLOW CAT ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

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

05-02-2002 90101 022 ***150.00

644328

2. Principal Place of Business 194 Island Harbor Circle Suite, Apt. #, etc.	3. Mailing Address 194 Island Harbor Circle Suite, Apt. #, etc.
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City & State Ponte Vedra Beach, FL	City & State Ponte Vedra Beach, FL	4. FEI Number 01-0567518	Applied For <input type="checkbox"/> Not Applicable
Zip 32082	Country United States	Zip 32082	Country Untied States

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 CIRCLECity **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 **DPST**
NAME **Tamara De Skinner**
STREET ADDRESS **194 Island Harbor Circle**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

04/16/02

904-273-5366

Date

Daytime Phone #

CR2E034B (12/01)