

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91758 020 ***150.00

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DOCUMENT # P02000024121

1. Entity Name
BACKYARD SENSATIONS, INC.



Principal Place of Business
505 SO. BANANA RIVER DRIVE
MERRITT ISLAND FL 32952

Mailing Address
505 SO. BANANA RIVER DRIVE
MERRITT ISLAND FL 32952



2. Principal Place of Business
510 Tucker Lane
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Cocoa FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country
32926 BREVARD

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KENNETH L JR
505 SO. BANANA RIVER DRIVE
MERRITT ISLAND FL 32952

Name
Gus F Haynes

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

510 Tucker Lane

City
Cocoa

FL

Zip Code
32926

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME JOHNSON, KENNETH L JR
STREET ADDRESS 505 SO. BANANA RIVER DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☒ Delete

TITLE D P S/T
NAME Gus F Haynes
STREET ADDRESS 510 Tucker Lane
CITY-ST-ZIP COCOA FL 32926 ☒ Change ☐ Addition

TITLE VT
NAME JINGLE, EDWARD
STREET ADDRESS 505 SO. BANANA RIVER DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gus F Haynes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2003 321 636-0015
Date Daytime Phone #

CR2E034 (10/02)