

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90147 042 \*\*\*150.00

**DOCUMENT # P34827**

**1. Entity Name**  
**YELLOW JACKET INTERNATIONAL, INC.**

**Principal Place of Business**  
**POB 76507**  
**ST. PETERSBURG FL 33734**  
**US**

**Mailing Address**  
**POB 76507**  
**ST.PETERSBURG FL 33734**  
**US**

**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** **59-3062119**

Applied For

Not Applicable

**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**

**GILBERT, R. C.**  
**PO BOX 1640 510B S. DR.**  
**ANNA MARIA FL 34216**

Name **GILBERT, R.C.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**301 2ND ST. N. #8**  
 City **ST. PETERSBURG** **FL** Zip Code **33701**

**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 **R.C. GILBERT**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **JAN 12, 2002**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PC** ☐ Delete  
 NAME **GILBERT, RODNEY C.**  
 STREET ADDRESS **301 2ND ST NORTH PO BOX 76350**  
 CITY-ST-ZIP **ST. PETERSBURG FL 50**

TITLE **DS** ☐ Change ☒ Addition  
 NAME **HARRIS, RICHARD**  
 STREET ADDRESS **16613 HUTCHINSON ROAD**  
 CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **DS** ☒ Delete  
 NAME **SPIERINGS, KATHLEEN**  
 STREET ADDRESS **3542 MORRIS ST N**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)