

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90061 021 ***150.00

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DOCUMENT # P94000005111

1. Entity Name
YARD ART, INC.



Principal Place of Business
**5549 BERRYWOOD DR.
LAKE WORTH FL 33467**

Mailing Address
**5549 BERRYWOOD DR.
LAKE WORTH FL 33467**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
85 W. Cypress Rd
Suite, Apt. #, etc.

3. Mailing Address
85 W. Cypress Rd.
Suite, Apt. #, etc.

City & State
Lake Worth, Fla
Zip
33467 Country
Palm Bch

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Lake Worth, Fla
Zip
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4. FEI Number **65-0472730**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KENNETH M. KALEEL, P.A.
555 N. CONGRESS AVE.
SUITE 302
BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. 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

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

TITLE **DP** ☐ Delete
NAME **RAUTENKRANZ, PHILLIP S**
STREET ADDRESS **5549 BERRYWOOD DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467** **85 W. Cypress Rd**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip S. Rautenkranz 1-8-03 561-969-7069

Date

Daytime Phone #

CR2E034 (10/02)