

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054765

1. Entity Name

THE YARD MAN, INC. - THE GREEN EXTREME, INC

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90033 001 ***150.00

Principal Place of Business Mailing Address
 6753 THOMASVILLE RD., SUITE 108-235 6753 THOMASVILLE RD., SUITE 108-235
 TALLAHASSEE FL 32312-3837 TALLAHASSEE FL 32312-3966

2. Principal Place of Business 3. Mailing Address
 2104-2 Gilliam Ln
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Tallahassee FL
 Zip Country Zip Country
 32308 USA

4. FEI Number 59-3462036 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

DEWELL, DAVID A
 6753 THOMASVILLE RD., SUITE 108-235
 TALLAHASSEE FL 32312-3837

Name DAVID A. DEWELL
 Street Address (P.O. Box Number is Not Acceptable)
 2104-2 Gilliam Ln
 City Tallahassee FL Zip Code 32308

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD ☐ Delete
 NAME DEWELL, DAVID A
 STREET ADDRESS 6753 THOMASVILLE RD., SUITE 108-235
 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE STD ☐ Delete
 NAME DEWELL, DEBORAH L
 STREET ADDRESS 6753 THOMASVILLE RD., SUITE 108-235
 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 (9/99)