

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099671

1. Entity Name

YARD MAGNETS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90038 010 ***150.00

Principal Place of Business

1015 DORA AVE
TAVARES FL 32778

Mailing Address

1015 DORA AVE
TAVARES FL 32778-2934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3479576

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

Debara
UKOLOWICZ, DEBARA J
1015 DORA AVE
TAVARES FL 32778

Name UKolowicz, Debara J
Street Address (P.O. Box Number is Not Acceptable)
1015 Dora Ave
Tavares FL
City FL Zip Code 32778

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 Debara J UKolowicz

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

(NOTE: Registered Agent signature required when reinstating)

3-23-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME UKOLOWICZ, DEBARA J
STREET ADDRESS 1015 DORA AVE
CITY-ST-ZIP TAVARES FL 32778 ☒ Delete

TITLE CEO
NAME UKolowicz, Debara J
STREET ADDRESS 1015 Dora Ave
CITY-ST-ZIP Tavares FL 32778 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE President
NAME UKolowicz, Edward W
STREET ADDRESS 1015 Dora Ave
CITY-ST-ZIP Tavares FL 32778 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

Debara J UKolowicz 3-23-00 352-343-3567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #