

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107194

1. Entity Name

YARDARM DEVELOPMENT, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90092 004 ***150.00

Principal Place of Business

400 FRANDORSON CIRCLE.. #204
APOLLO BEACH FL 33572

Mailing Address

400 FRANDORSON CIRCLE.. #204
APOLLO BEACH FL 33572-2692

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

59-3582814

APPLIED FOR

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

PETERSON, MICHAEL L ESQ
218 APOLLO BEACH BOULEVARD
APOLLO BEACH FL 33572

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HOLDSWORTH, JOHN
STREET ADDRESS 930 ALLEGRO LANE
CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Delete

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

TITLE VPD
NAME PETERSON, MICHAEL L
STREET ADDRESS 662 YARDARM
CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Delete

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

TITLE TD
NAME HOLDSWORTH, LESLIE
STREET ADDRESS 930 ALLEGRO LANE
CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Delete

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

TITLE S.
NAME CHAMBERS, DEBORAH P
STREET ADDRESS 4108 W. WISCONSIN AVENUE
CITY-ST-ZIP TAMPA FL 33616 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Holdsworth

4/19/00

Date

813 6491133

Daytime Phone #

CR2E034 (9/99)