

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90146 043 ***158.75

DOCUMENT # **P97000107194** ✓

1. Entity Name

Yardarm Development, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

218 Apollo Beach Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apollo Beach, FL

City & State

4. FEI Number

59-3582814

Applied For

Not Applicable

Zip

33572

Country

United States

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael L. Peterson, Esq.

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

218 Apollo Beach Blvd.

City

Apollo Beach

FL

Zip Code

33572

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director / President / Treasurer
Michael L. Peterson
662 Yardarm Drive
Apollo Beach, FL 33572**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Redacted]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice-President / Secretary
Deborah P. Chambers
4108 W. Wisconsin Ave
Tampa, FL 33616**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Redacted]

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael L. Peterson**, **Michael L Peterson** 4-22-02 (813) 645-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)