

**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.  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Apollo Beach, FL

City & State

Zip  
33572

Country  
United States

4. FEI Number  
59-3582814

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

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: \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>Director / President / Treasurer Michael L. Peterson 662 Yardarm Drive Apollo Beach, FL 33572</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>[Redacted]</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice-President / Secretary Deborah P. Chambers 4108 W. Wisconsin Ave Tampa, FL 33616</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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)(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)