

**2003** FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90361 015 \*\*\*150.00

DOCUMENT # P98000018408

1. Entity Name

ONE MORE YARD, INCORPORATED

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1747 NEW HOPE ROAD

Suite, Apt. #, etc.

3. Mailing Address

1301 W. GARDEN ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GULF BREEZE FL

City & State

PENSACOLA FL

4. FEI Number

59-3502039

Applied For

Not Applicable

Zip

32561

Country

Zip

32501-4504

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BASS & SANDFORT ACCOUNTANTS, PA

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

1301 WEST GARDEN STREET

City

PENSACOLA

FL

Zip Code

32501

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 \$650.00

Amended UBR is \$61.28

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 D  
NAME FLOWERS, MICHAEL  
STREET ADDRESS 1747 NEW HOPE ROAD  
CITY - ST - ZIP GULF BREEZE FL 32561

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**DO NOT WRITE  
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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 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 #