**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P99000006944 YARD SERVICES, INCORPORATED 03-12-2001 90444 027 \*\*\*150.00 Principal Place of Business Mailing Address 4406 LABORDE LANE . PO BOX 10835 PENSACOLA FL 32514 PENSACOLA FL 32524 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3554976 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KONALD LANGSTON, YANCEY F Street Address (P.O. Box Number is Not Acceptable) 220 WEST GARDEN STREET SUNTRUST TOWER 9TH FLOOR Borde PENSACOLA FL 32501 Zip Code 32514 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition TITLE PARKER, RONALD NAME NAME 4406 LABORDE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME sùaron a parker STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --- Delete TITLE ☐ Addition -TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIE ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

OF SIGNING OFFICER OR DIRECTOR