2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000028733** Jan 28, 2000 8:00 am 1. Entity Name YARD APE, INC. **Secretary of State** 01-28-2000 90094 003 ***150.00 Principal Place of Business Mailing Address 922 KENTUCKY BLVD 922 KENTUCKY BLVD EUSTIS FL 32726 EUSTIS FL 32726-5119 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59 3617512 Not Applicable 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 Name TALLY, LOU Street Address (P.O. Box Number is Not Acceptable) 3900 LAKE CENTER DRIVE, STE. A-4 MT. DORA FL 32757 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition TITLE THOMAS, JONATHAN C NAME NAME STREET ADDRESS STREET ADDRESS 2667 WINCHESTER CIR. CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 Change Addition TITLE TITLE ROOP, JOHN A NAME NAME ,00P, JOHN A. STREET ADDRESS 922 KENTUCKY BUND. STREET ADDRESS 922 KENTUCKY BLVD CITY-ST-7IP CITY-ST-ZIP EUSTIS FL 32726 FL. 32726 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE 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.

SIGNATURE:



1-21-00

(352) 357-5989

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