

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037918

1. Entity Name

E-YARDGARAGESALE.COM, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90003 014 \*\*\*150.00

Principal Place of Business

Mailing Address

3818 RIDGE AVE.  
TAMPA FL 33603

3818 RIDGE AVE.  
TAMPA FL 33603-4529

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593597261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DRUMMOND, TEMPLE H  
1505 N. FLORIDA AVE.  
TAMPA FL 33602~~

Name

EDDIE C. DIAZ

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

3818 RIDGE AVE

City

TAMPA

FL

Zip Code

33603

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

EDDIE C. DIAZ

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when contesting)

DATE

3-29-00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, EDDIE C	
STREET ADDRESS	3818 RIDGE AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

EDDIE C. DIAZ

Date

Daytime Phone #

3-29-00

813-222-3947

CR2E034 (9/99)