

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**  
 05-31-2000 90053 005 \*\*\*150.00

DOCUMENT # P99000042848

1. Entity Name  
**YARDS, INC.**

Principal Place of Business  
**2415 BLANDING BLVD., #5**  
**JACKSONVILLE, FL. 32210**

Mailing Address  
**2415 BLANDING BLVD. #5**  
**JACKSONVILLE, FL 32210**

00056994

2. Principal Place of Business  
**2317 BLANDING BLVD. #101**  
 Suite, Apt. #, etc.  
**#101**  
 City & State  
**JACKSONVILLE, FLORIDA**  
 Zip  
**32210**  
 Country  
**DOVAL**

3. Mailing Address  
**2317 BLANDING BLVD. #101**  
 Suite, Apt. #, etc.  
**#101**  
 City & State  
**JACKSONVILLE, FLORIDA**  
 Zip  
**32210**  
 Country  
**DOVAL**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3587027**

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

6. Name and Address of Current Registered Agent  
**JAMES B. DELK**  
**2415 BLANDING, #5**  
**JACKSONVILLE, FL. 32210**

7. Name and Address of New Registered Agent  
 Name  
**JAMES B. DELK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2317 BLANDING BLVD., #101**  
 City  
**JACKSONVILLE** FL Zip Code  
**32210**

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. (ADDRESS CHANGE) ONLY

SIGNATURE **JAMES B. DELK** *James B. Delk* DATE **April 28, 2000**

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) ☒

**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>JAMES K. DELK</b> <b>4416 SHIRLEY AVENUE</b> <b>JACKSONVILLE, FL. 32210</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JAMES K. DELK</b> <b>4416 SHIRLEY AVENUE</b> <b>JACKSONVILLE, FL. 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CHRISTOPHER A. AKERS</b> <b>4617 IRVINGTON AVENUE</b> <b>JACKSONVILLE, FL. 32210</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *James K. Delk* **APRIL 28, 2000** (904) 389-9547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)