

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am  
Secretary of State

04-14-2001 90040 034 \*\*\*158.75

DOCUMENT # P99000042848

1. Entity Name  
YARDS, INC.

Principal Place of Business  
2317 BLANDING BLVD #101  
JACKSONVILLE FL 32210

Mailing Address  
2317 BLANDING BLVD #101  
JACKSONVILLE FL 32210

2. Principal Place of Business  
4617 IRVINGTON AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
4617 IRVINGTON AVENUE  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE FLORIDA  
Zip  
32210  
Country  
U.S.A.

City & State  
JACKSONVILLE FLORIDA  
Zip  
32210  
Country  
USA

4. FEI Number 59-3587027

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DELK, JAMES B  
2317 BLANDING BLVD #101  
JACKSONVILLE FL 32210

## 7. Name and Address of New Registered Agent

Name  
AKERS, CHRISTOPHER A.  
Street Address (P.O. Box Number is Not Acceptable)  
4617 IRVINGTON AVENUE  
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.

SIGNATURE Christopher Akers  
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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKERS, CHRISTOPHER A 4617 IRVINGTON AVENUE JACKSONVILLE FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James K. Delk  
Christopher Akers

2/20/00 389-9547  
3/3/01 Daytime Phone #

CR2E034 (10/00)