2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000063

1. Entity Name
YOUTH ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
4626 SAFFOLD ROAD WIMAUMA, FL 33598-0189	ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634 US

01062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3217810

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HULL, DAVID J
SMITH, HUSLEY, & BUSEY
2225 WATER STREET, STE 1600
JACKSONVILLE, FL 32202

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	MCCOMB, KENNETH
STREET ADDRESS	2111 MEADOWLARK LANE
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	D
NAME	STANDER, O
STREET ADDRESS	5915 BENJAMIN CENTER DRIVE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	CD
NAME	CHRISTALDI, RON
STREET ADDRESS	PO BOX 2350 STE 2300
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	T
NAME	DE LA PARTE, DAVID
STREET ADDRESS	101 E KENNEDY BLVD STE 2300
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	T
NAME	HERMAN, THOMAS S
STREET ADDRESS	5210 INTERBAY #7
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	T
NAME	DINKEL, JOHN
STREET ADDRESS	PO BOX 1531
CITY-ST-ZIP	TAMPA, FL 33601

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01/29/04-80101-014 61.25

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] OB Stander 1/15/04 813-887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #