2002 UNIFOR	RM BUSINESS	REPORT (	(UBR)
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2002	2 UNIFURM BUS	DINESS H	EPURI	(UBK)	_			07
DOCU 1. Entity Nam		0000174	4.	:				07089 A
YOUNG FAMILY ENTERPRISES, LTD.				ě .	FILE	D		-
	·				2 APR 19 F	M 1:58		
Principal Place of Business Mailing Address 113 YACHT CLUB COURT 113 YACHT CLUB COURT					1			
	BEACH FL 32548		BEACH FL 32548	' T/	ECRETARY (	, FLORIDA		
2. Principal P	Place of Business	3. Mailing Addr	ess	4		010 1811 <b>4</b> 19111 881/1 00/11 00/11 3811/	<b>69</b> 104 11014 10011 01801 1101 (00	ıli .
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.	ï.		DUE BY MAY 1, 2	002	
City & State City & State		.,.	:	4. FEI Number	59-3608479	Applied For Not Applicat	ole	
Zip	Country	Zip	Coun	try	5Certificate.o	Status Desired	\$8.75 Additional	=
	6. Name and Address of Currer	nt Registered Agent	L		7. Name and A	ddress of New Registered	······································	
FOOTED	MILLIANA COOTT			Name				
	WILLIAM SCOTT WALT DRIVE, SUITE 1014			Street Address	(P.O. Box Number	is Not Acceptable)		
	ON BEACH FL 32547			1				
				City		Fl	Zip Code	
8. The above	named entity submits this statement	for the purpose of ch	anging its registere	Led office or registe	ered agent, or both	in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.		:		DATE	<u> </u>	
Capital Contributions as Shown on record.  9. Capital Contributions in FLORIDA to date			outions		11. MAKE CHECK PAYABL	E TO DEPT. OF STATE OR FEE INFORMATION		
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSIN	NESS ENTITY M	UST BE REGIS	STERED AND AC	TIVE WITH THIS OFFIC	E.	
12.	GENERAL PARTN		13.	, an amendine	int must be med	ADDRESS CHANGES ON		Ⅎͺ
DOCUMENT <b>#</b> NAME	MOORE, ANNA YOUNG		STRE	ET ADDRESS				9/01
STREET ADDRESS	ADDRESS 113 YACHT CLUB COURT T-ZIP FT. WALTON BEACH FL 32548		CITY	-ST-ZIP				
C/TY-ST-Z/P DOCUMENT #			OIII.	-07-211	4000053951949 8			CR2E003 (9/01)
NAME			STRE	ET ADDRESS		****141.25	****141.25	_  ~
STREET ADDRESS			CITY	- ST-ZIP		<del></del>		= -
DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADORESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME			STRE	ET ADDRESS			<u>-</u>	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			ALT:	
DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP				
DOCUMENT #			STRE	ET ADDRESS				
STREET ADDRESS CITY ST-ZIP				-ST-ZIP				
14. I hereby of indicated	certify that the information supplied wi on this report is true and accurate an	ith this filing does not id that my signature s	qualify for the exer shall have the same	mption stated in Selegal effect as if	ection 119.07(3)(i), made under oath; t	Florida Statutes. I further ce hat I am a General Partner c	rtify that the information if the limited partnership	or

SIGNATURE:

02 Anna Y Moore 850/837 6677
Date Dayline Pribre #