

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000004853

FILED
Mar 31, 2003
Secretary of State

Entity Name: YORK MANAGEMENT & RESEARCH, INC.

Current Principal Place of Business:

1061 EAST INDIANTOWN ROAD
REYNOLDS PLAZA, STE 200
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

1061 EAST INDIANTOWN ROAD
REYNOLDS PLAZA, STE 200
JUPITER, FL 33477

New Mailing Address:

FEI Number: 22-2229833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, DAVID J
1061 E INDIANTOWN RD
SUITE 200
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: NICHOLSON, LEEANNE S
Address: 1482 VIA DEL SOL
City-St-Zip: JUPITER, FL 33477

Title: PST () Delete
Name: NICHOLSON, DAVID J
Address: 1061 E INDIANTOWN RD, SUITE 200
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J S. NICHOLSON

PST

03/31/2003

Electronic Signature of Signing Officer or Director

Date