


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90114 034 ***150.00

DOCUMENT # G06983	
1. Entity Name ROBERT N. YOUNG & ASSOCIATES, INC.	

Principal Place of Business P.O. BOX 522 THONOTOSASSA FL 33592	Mailing Address P.O. BOX 522 THONOTOSASSA FL 33592
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent	
YOUNG, ROBERT N. 6205 W. KNIGHTS GRIFFIN ROAD PLANT CITY FL 33565	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE TS NAME YOUNG, ELLEN G. STREET ADDRESS 6205 W KNIGHTS GRIFFIN CITY-ST-ZIP PLANT CITY FL	<input type="checkbox"/> Delete	TITLE TS NAME YOUNG ELLEN G STREET ADDRESS 4806 ALLIGATOR BOB'S PLACE CITY-ST-ZIP PLANT CITY, FL 33565	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME YOUNG, ROBERT N STREET ADDRESS 6205 W KNIGHTS GRIFFIN CITY-ST-ZIP PLANT CITY FL	<input type="checkbox"/> Delete	TITLE PD NAME YOUNG ROBERT N. STREET ADDRESS 4806 ALLIGATOR BOB'S PLACE CITY-ST-ZIP PLANT CITY, FL 33565	<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
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
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
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

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 607, 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:  **2-10-03** **986-3008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)