

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90020 032 \*\*\*150.00

DOCUMENT # H17114

1. Entity Name

NORMAN L. YOUNG, P.A.

Principal Place of Business

10443 SW 118CT  
MIAMI FL 33186

Mailing Address

10443 SW 118CT  
MIAMI FL 33186  
US

841009

2. Principal Place of Business

7288 DeMedici Circle

3. Mailing Address

7288 DeMedici Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeRAY Beach, FL.

City & State

DeRAY Beach, FL.

4. FEI Number

59-2455343

Applied For

Not Applicable

Zip

33446

Country

US

Zip

33446

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, NORMAN  
10443 SW 118 CT  
MIAMI FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

7288 DeMedici Circle

City

DeRAY Beach

FL

Zip Code

33446

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

*Norman L. Young*

4/5/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS YOUNG, NORMAN  
CITY-ST-ZIP 10443 SW 118 CT  
MIAMI FL 33186

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7288 DeMedici Circle  
CITY-ST-ZIP DeRAY Beach, FL. 33446

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS YOUNG, JUDY  
CITY-ST-ZIP 10443 SW 118 CT  
MIAMI FL 33186

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7288 DeMedici Circle  
CITY-ST-ZIP DeRAY Beach, FL. 33446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Norman L. Young*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/05/01 561-488-5562

Daytime Phone #

CR2E034 (10/00)