

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K88194

1. Entity Name
GRACE ANN YOUNG, P.A.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90348 019 ***150.00

Principal Place of Business

707 E HILLTOP ST
FRUITLAND PARK FL 34731
US

Mailing Address

PO BOX 357
707 E HILLTOP
FRUITLAND PARK FL 34731
US

2. Principal Place of Business

Magnolia Place 1005.11th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 101

City & State

Leesburg FL

City & State

Zip

Country

34748

US

4. FEI Number 59-2947036

Applied For

Not Applicable

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, GRACE A
707 E HILLTOP ST
FRUITLAND PARK FL 34731

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.

SIGNATURE

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	D	<input type="checkbox"/> Delete
NAME	YOUNG, GRACE ANN	
STREET ADDRESS	707 HILL TOP STREET	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Grace Ann Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01
Date

352-787-8000
Daytime Phone #

CR2E034 (10/00)