

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90042 014 ****50.00

DOCUMENT # L00000002488

1. Entity Name

RAPOSA AND YOUNG, P.L.

Principal Place of Business

**444 SEABREEZE BLVD.
 SUITE 660
 DAYTONA BEACH FL 32118**

Mailing Address

**P.O. BOX 10754
 DAYTONA BEACH FL 32120**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

820

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3625534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG JR, DONALD S
 444 SEABREEZE BLVD., SUITE 660
 DAYTONA BEACH FL 32118**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 RAPOSA, DENNIS
 444 SEABREEZE BLVD., SUITE 660
 DAYTONA BEACH FL 32118** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
444 SEABREEZE BLVD, SUITE 820 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 YOUNG, DONALD
 444 SEABREEZE BLVD., SUITE 660
 DAYTONA BEACH FL 32118** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
444 SEABREEZE BLVD, SUITE 820 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

NOTRE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/15/2002

Date

386-252-2586

Daytime Phone #

CP2E083 (9/01)