

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91299 001 ***150.00
 05-18-2001 91299 002 ***400.00

DOCUMENT # M24036
 1. Entity Name
NEW YORK ASSOCIATES, INC.

Principal Place of Business 29259 US HWY 19 CLEARWATER FL 33761	Mailing Address 29259 US HWY 19 CLEARWATER FL 33761
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2. Principal Place of Business 29259 US 19 N Suite, Apt. #, etc.	3. Mailing Address 29259 US 19 N Suite, Apt. #, etc.
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City & State Clearwater, FL.	City & State Clearwater, FL.	4. FEI Number 59-2774098	Applied For <input type="checkbox"/> Not Applicable
Zip 33761	Country USA	Zip 33761	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HAYDEN, RICHARD D
 29259 US HWY. 19 N
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent
 Name **Richard D. Hayden**
 Street Address (P.O. Box Number is Not Acceptable)
29259 US 19 N
 City **Clearwater** FL Zip Code **33761**

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 **Richard D. Hayden** *[Signature]* DATE **4-30-01**
Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYDEN, RICHARD D 29259 US HWY. 19 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Richard D. Hayden** *[Signature]* Date **4-30-01** Daytime Phone # **727-787-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)