

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90028 020 ***550.00

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**

2. Principal Place of Business

29259 US 19 N

Suite, Apt. #, etc.

3. Mailing Address

29259 US 19 N

Suite, Apt. #, etc.

City & State
Clearwater FL

City & State
Clearwater FL

Zip
33761

Country
USA

Zip
33761

Country
USA

4. FEI Number **59-2774098**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Richard D Hayden**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-3-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HAYDEN, RICHARD D**
STREET ADDRESS **29259 US HWY. 19**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
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CITY-ST-ZIP

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: **Richard D Hayden**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-03 **721 787 4000 X151**
Date Daytime Phone #

CR2E034 (4/03)