

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90910 001 ****13.75
04-07-2003 90910 002 ****61.25

DOCUMENT # N00000003228

1. Entity Name

FIVE SMOOTH STONES YOUTH, INC.



Principal Place of Business

**7762 JAFFA DR.
ORLANDO FL 32835**

Mailing Address

**7762 JAFFA DR.
ORLANDO FL 32835**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **30-0043213**

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

**WILLIAMS, LARNCE S
7762 JAFFA DR.
ORLANDO FL 32835**

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

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LARNCE S	
STREET ADDRESS	7762 JAFFA DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, KENNEDY L	
STREET ADDRESS	312 BAHIA CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANDY, JASON	
STREET ADDRESS	719 18TH ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, TERRENCE L	
STREET ADDRESS	406 FIREWOOD AVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAYLES, CARLY D	
STREET ADDRESS	1905 SELDEEN DR	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, PEDRO	
STREET ADDRESS	3893 SIGNAL HILL ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 617, 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:

Signature of Larnce S. Williams

CR2E037 (10/02)