

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/31

**FILED**  
Feb 19, 2001 8:00 am  
Secretary of State

01-30-2001 90073 036 \*\*\*\*70.00

DOCUMENT # N99000006355

1. Entity Name

FLORIDA MARINE YOUTH INSTITUTE INC.

Principal Place of Business

Mailing Address

349 BAHIA VISTA ST  
INDIAN ROCKS BEACH FL 33785

PO BOX 152461  
TAMPA FL 33684

2. Principal Place of Business

P.O. BOX 17655

3. Mailing Address

P.O. BOX 17655

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33682

Country

U.S.A.

Zip

33682

Country

U.S.A.

4. FEI Number

59-3556583

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, VICTOR  
16019 EAGLE RIVER WAY  
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

VICTOR YOUNG

Street Address (P.O. Box Number is Not Acceptable)

16004 GRANTHAM PLACE

City

TAMPA

FL

Zip Code

33647

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

*Victor Young* VICTOR YOUNG, PRESIDENT

1/20/01

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME YOUNG, VICTOR  
STREET ADDRESS 16019 EAGLE RIVER WAY  
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☒ Delete  
NAME SMITH, SHERWIN  
STREET ADDRESS 349 BAHIA VISTA DR  
CITY-ST-ZIP INDIAN ROCKS FL 33785

TITLE S ☐ Delete  
NAME WILLIAMS, CHARLES  
STREET ADDRESS 6903 N CAMERON ST  
CITY-ST-ZIP TAMPA FL 33614

TITLE T ☐ Delete  
NAME SKERKOWSKI, BERNARD R  
STREET ADDRESS 16020 EAGLE RIVER WAY  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D PRESIDENT ☒ Change ☐ Addition  
NAME YOUNG, VICTOR  
STREET ADDRESS 16004 GRANTHAM PLACE  
CITY-ST-ZIP TAMPA FL 33647

TITLE D VICE-PRESIDENT ☐ Change ☒ Addition  
NAME YOUNG, TIA  
STREET ADDRESS 16004 GRANTHAM PLACE  
CITY-ST-ZIP TAMPA FL 33647

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

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

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

TITLE ☐ Change ☐ 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:

*Victor Young* VICTOR YOUNG

1/20/01

(813) 624-7239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E-B (10/00)