

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90122 030 ***150.00

DOCUMENT # P00000046970

1. Entity Name
FLORIDA YOUTH ACADEMY, INC.



Principal Place of Business
**2908 WHITTINGTON PL.
TAMPA FL 33618**

Mailing Address
**2908 WHITTINGTON PL.
TAMPA FL 33618**



2. Principal Place of Business
12895 SEMINOLE BLVD

3. Mailing Address
P.O. Box 271328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State **LARGO, FL**

City & State **TAMPA, FL**

4. FEI Number **59-3645126**

Applied For
Not Applicable

Zip **33778** Country **PINELLAS**

Zip **33688** Country **HILLSBOROUGH**

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

**O'CONNOR, PATRICK M
C/O PATEL & O'CONNOR, P.A.
2240 BELLEAIR RD., STE. 160
CLEARWATER FL 33764**

Name **NAINAN V. DESAI**
Street Address (P.O. Box Number is Not Acceptable)
2908 WHITTINGTON PL.
City **TAMPA** FL Zip Code **33618**

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 *Nainan V. Desai*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DESAI, DEVIYANI N**
STREET ADDRESS **2908 WHITTINGTON PL.**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **D** ☐ Delete
NAME **DESAI, NAINAN N**
STREET ADDRESS **2908 WHITTINGTON PL.**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: *Nainan V. Desai*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 **727-587-6028**
Date Daytime Phone #

CR2E034 (10/02)