

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90047 007 ***150.00

DOCUMENT # P00000061915
 1. Entity Name
K AND K YOUNG, INC.

Principal Place of Business
453 HORSESHOE CIRCLE
BRYCEVILLE FL 32009

Mailing Address
453 HORSESHOE CIRCLE
BRYCEVILLE FL 32009

2. Principal Place of Business
2274 N. Kings Rd
 Suite, Apt. #, etc.

3. Mailing Address
2274 N Kings Rd
 Suite, Apt. #, etc.

City & State
Hilliard Florida

City & State
Hilliard, Florida

Zip
32046

Country
USA

4. FEI Number
59-345 4093

Applied For
 Not Applicable

5. Certificate of Status Desired... **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
COLE, JANICE
11127 LEM TURNER ROAD
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name
Charles K. Young

Street Address (P.O. Box Number is Not Acceptable)
2274 N. Kings Road

City
Hilliard

State
FL

Zip Code
32046

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: *Charles K Young* DATE: **4/25/01**

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. (See criteria on back)

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	D	<input type="checkbox"/> Delete
NAME	YOUNG, CHARLES K	
STREET ADDRESS	RT. 1 BOX 453	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katherine S. Young	
STREET ADDRESS	6844 Horseshoe Cir	
CITY-ST-ZIP	Bryceville, FL 32009	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Charles K. Young* DATE: **4/25/01** DAYTIME PHONE #: **904-845-2737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)