2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90107 012 ***150.00

DOCUMENT # P00000061915

1. Entity Name
K AND K YOUNG, INC.

Principal Place of Business
2274 N. KINGS RD
HILLIARD FL 32046

Mailing Address
2274 N. KINGS RD
HILLIARD FL 32046

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 541593 US Hwy 1
Suite, Apt. #, etc.
City & State: Hilliard, Fl
Zip: 32046 Country: NASSAU

3. Mailing Address: 541593 US Hwy 1
Suite, Apt. #, etc.
City & State: Hilliard, Fl
Zip: 32046 Country: NASSAU

4. FEI Number: 59-3654093 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
YOUNG, CHARLES K
~~2274 N. KINGS ROAD~~ 541593 US Hwy 1
HILLIARD FL 32046

7. Name and Address of New Registered Agent
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.

SIGNATURE Charles R. Young Charles K. Young 2/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YOUNG, CHARLES K	NAME	
STREET ADDRESS	~~RT. 1 BOX 453~~ 6844 Horseshoe Circle	STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL 32009	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YOUNG, KATHERINE S	NAME	
STREET ADDRESS	6844 HORSEHOE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL 32009	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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			

911 - Changed Addresses For Residence and place of business
Thank you
Katherine S. Young

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: Katherine S. Young Katherine S. Young Sec/Trea 2/13/02 (904) 845-2737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)