


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90295 031 ***150.00

DOCUMENT # P00000061915

1. **Entity Name**
K AND K YOUNG, INC.



Principal Place of Business 541543 US HWY 1
HILLIARD FL 32046

Mailing Address 541543 US HWY 1
HILLIARD FL 32046



2. **Principal Place of Business**
551460 US Hwy 1
Suite, Apt. #, etc.

3. **Mailing Address**
6844 Horseshoe Cir
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State Hilliard, FL

City & State Bryceville, FL

Zip 32046 **Country** USA

Zip 32009 **Country** USA

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
541593 US HWY 1
HILLIARD FL 32046

7. **Name and Address of New Registered Agent**

Name Charles K. Young

Street Address (P.O. Box Number is Not Acceptable) 6844 Horseshoe Cir

City & State Bryceville FL **Zip Code** 32009

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 Charles K Young **Charles K. Young** **DATE** 3/21/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, CHARLES K 6844 HORSESHOE CIRCLE BRYCEVILLE FL 32009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YOUNG, KATHERINE S 6844 HORSEHOE CIRCLE BRYCEVILLE FL 32009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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: Charles K Young **Charles K. Young** **DATE** 3/21/03 **Daytime Phone #** 904-266-424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)