

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90154 022 ***150.00

DOCUMENT # P00000074066

1. Entity Name
DENNIS YOUNG & ASSOCIATES, INC.

Principal Place of Business
6990 LAKE ELLENOR DR., SUITE 106B
ORLANDO FL 32809

Mailing Address
6990 LAKE ELLENOR DR., SUITE 106B
ORLANDO FL 32809

2. Principal Place of Business
800 CELEBRATION AVE
 Suite, Apt. #, etc.
228

3. Mailing Address
800 CELEBRATION AVE
 Suite, Apt. #, etc.
228

City & State
CELEBRATION FL

City & State
CELEBRATION FL

4. FEI Number
59-3666919

Applied For
 Not Applicable

Zip
34747
 Country
USA

Zip
34747
 Country
USA

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

YOUNG, DENNIS F
6990 LAKE ELLENOR DR., SUITE 106B
ORLANDO FL 32809

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 *Dennis F. Young* **DENNIS F. YOUNG** 4/15/02
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **YOUNG, DENNIS F**
 CITY-ST-ZIP **6990 LAKE ELLENOR DR., SUITE 106B**
ORLANDO FL 32809

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: *Dennis F. Young* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)