## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 26, 2001 8:00 am DOCUMENT # P00000112488 **Secretary of State** CWY OF FLORIDA, INC. 02-26-2001 90501 016 \*\*\*150.00 Principal Place of Business Mailing Address 2211 INGRAM AVE 2211 INGRAM AVE SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address 2ZII INGRAM 2211 Ingrain Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For arasota arusota 65-106950 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired xurasoto <u>Jurusota</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOMO YOUNG, CHARLES W.\_\_\_\_ 2211 INGRAM AVE naram SARASOTA FL 34232 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President, Director TITLE TITLE Change ☐ Addition CHARLES US. YOUNG NAME NAME STREET ADDRESS STREET ADDRESS 2211 Ingrain AVE CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34232 VICE-President, Director ☐ Addition TITLE TITLE ☐ Change !te NAME NAME Joan D. Young STREET ADDRESS STREET ADDRESS 2211 Ingram Rive CITY-ST-ZIP CITY-ST-ZIP Barasota FL 34232 TITLE Secretary /Treasurer ☐ Change ☐ Addition TITLE !te NAME NAME Jaan D. STREET ADDRESS STREET ADDRESS 2211 Ingram CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.