2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113013

1. Entity Name

BOB DEYOUNG ENTERPRISES, INC.

Principal Place of Business

Mailing Address

GRATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5131 W OAKAND PARK BLVD. #103 LAUDERDALE LAKES FL 33313 5131 W OAKAND PARK BLVD. #103 LAUDERDALE LAKES FL 33313

FILED May 07, 2001 8:00 am Secretary of State

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	Place of Busines		3. Mailing Address	ALL ALA	DADI						
Suite, Apt.	TNU KAKK 134	Suite, Apt. #, etc.	IKL MAD	7/IN/	B	Lレク DO NOT WRIT	E IN THIS SPAC	DE			
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Zip	ERDALE	Country	LAUDED DALE	Country		600	5-1062258			ot Applicable	
3331	3	U-S.	²⁰ 33213	US Country		5. (Certificate of Status Desired		75 Add Require		
		nd Address of Current R	egistered Agent		7. Name and Address of New Registered Agent						
THE	ERE 1	S NO CHAI	NGE: TLE	Name			·				
DEY	oung, robe		ANDRECE	Street Address (P.O. Box Number is Not Acceptable)							
	PARK BLVD, #103	ADDRESS 11	· /								
LAUI	DERDALE LAI		3 Locil 6	5131	W. C) A.k	LAND PARK	BLUD	# 1	103	
		WAS	hisspelle	City				FL	Zip Cod	e	
ĕ. The above	e named entity s	submits this statement for t	rie purpose of changing its i	registered office (or register	ea ag	ent, or both, in the State of Flo	nua.	,		
CIONATION	RW	h.4 /						4/26/	01		
SIGNATURE.	Signalure, typed or	printed name of registered agent and	title if applicable. (NOTE:	: Registered Agent signs	ture required	when re	einstating)	ATE			
9 This corns	oration is aligibl	e to satisfy its Intangible	FILE NOW!	!! FEE IS \$150	በበ						
		d elects to do so.	After MAY 1, 200				 Election Campaign Final Trust Fund Contribution 			May Be	
(See criter	ria on back)		Make Check Payab	le to Departmei	nt of Sta	te	Trust Fund Contribution	1, 🗀	Addec	110 Fees	
11.		OFFICERS AND D	RECTORS	12.			DITIONS/CHANGES TO OFFI	CERS AND DIR	ECTORS	S IN 11	
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13. I hereby c	certify that the in	nformation supplied with th	is filing does not qualify for	the exemption sta	ted in Se	ction 1	119.07(3)(i), Florida Statutes. I	further certify th	at the ir	nformation	
of the corp	poration or the	receiver or trustee empow	ue and accurate and that m ered to execute this report a h all other like empowered.	y signature shall l as required by Ch	nave the s apter 607	same l ', Florid	legal effect as if made under or da Statutes; and that my name	ath; that I am ar appears in Blo	ck 11 or	or director Block 12 if	