

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

FILED

02 OCT 22 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051058

1. Entity Name
Youth in Action Across America, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3912 S. Ocean Blvd. Suite, Apt. #, etc. Suite 712 City & State Highland Beach, FL Zip 33487 Country USA		3. Mailing Address 3912 S. Ocean Blvd. Suite, Apt. #, etc. Suite 712 City & State Highland Beach, FL Zip 33487 Country USA	
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DO NOT WRITE IN THIS SPACE

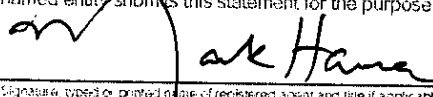
4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mark Hansen
Street Address (P.O. Box Number is Not Acceptable) 3912 S. Ocean Blvd. Suite 712
City Highland Beach, FL Zip Code 33487

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  10/22/02
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Mark Hansen 3912 S. Ocean Blvd., #712 Highland Beach, FL 33487	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	000008546870 10/23/02-01054-011 **550.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP/Secretary Kevin Ferber 770 Bayside Lane Weston, FL 33326	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  10/22/02 561-347-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR