

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91518 005 \*\*\*158.75

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

DOCUMENT # **PO/000057388** ✓

1. Entity Name

**GARY, YOUNG & ASSOCIATES, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8875 HIDDEN RIVER PKWY**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 300-3025**

City & State

City & State

**TAMPA, FL**

Zip

Country

Zip

Country

**33637**

**USA**

4. FEI Number

**59-3727517**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**VICTOR YOUNG**

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

**16004 GRANTHAM PL.**

City

**TAMPA**

FL

Zip Code

**33647**

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

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 **V/S**  
NAME **VICTOR YOUNG**  
STREET ADDRESS **16004 GRANTHAM PL**  
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **P/T**  
NAME **GARY BONITATIBUS**  
STREET ADDRESS **19115 CENTRE ROSE BLVD.**  
CITY-ST-ZIP **LUTZ, FL 33558**

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IN THIS SPACE**

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: **VICTOR YOUNG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-975-7273**

CR2E034B (12/01)