

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90025 024 ***150.00

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DOCUMENT # P01000072436

1. Entity Name

YOUNG & RESTLESS ADVENTURES, INC.



Principal Place of Business
**1130 NORTH GOLFVIEW RD.
LAKE WORTH FL 33460**

Mailing Address
**1130 NORTH GOLFVIEW RD.
LAKE WORTH FL 33460**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1128909**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, BEVERLY
1130 NORTH GOLFVIEW RD.
LAKE WORTH FL 33460**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
YOUNG, BEVERLY
1130 NORTH GOLFVIEW RD.
LAKE WORTH FL 33460** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/03 561-585-2285
Date Daytime Phone #

CR2E034 (4/03)

Aug 17 2003

Attachment#

80141106
PO1000072436

TO: Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee Fl. 32302-1500

Dear Sirs:

I am sending the only Uniform Business Report that I have received this year along with my check of \$150.00.

I do not understand why I wasn't sent the original notice as you clearly had my address.

This same problem happened last year and I think there should be an investigation into your mailing procedures as this notice should have been sent months earlier.

Please waive any late fees due to this obvious problem on your end.

Sincerely, Bubby Young, President Young & Reath