FOR PROFIT CORPORATION UNIFORM BUSINESS, REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # POIODON8541 1. Entity Name Young Properties, Inc.						05-05-2003 91146 037 ***150.00	
DO NOT WRITE IN THIS SPACE						~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
2. Principal Place of Business 8100 17th Way N			3. Mailing Address 8100 17th Way N				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State St. Petersburg, FL			St. Petersburg, FL			4. FEI Number 59-3737418 Applied For Not Applied For Not Applied	
Zip 33702			33702	Coun USA			
		a to the second			7. Name and Address of Current Registered Agent		
					Name Christopher R. Young		
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)		
	n this sp	AUE .	. 81		Way N		
					City St. Petersburg FL Zip Code 33702		
	named entiti ions of regist		r the purpose of changing	g its registere	ed office or register	ed agent, or both, in the State of Florida, I am familiar with, and acce	pt
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE: Registere	d Agent signature required	when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 "After May 1 Fee is \$550.00" Amended UBR is \$61.25 Make Check Payabje to Florida Department of State					÷	B. Election Campaign Financing \$5.00 May B Trust Fund Contribution.	
10.	-	OFFICERS AND I	DIRECTORS	\$ 70	150 1 300 1 605		300
TITLE	Christopher R. Young P,S,T						
NAME	81ก็ก 17th Way N						
STREET ADDRESS CITY-ST-ZIP St. Petersburg, FL 33702				200 200	ET ADDRESS ST-ZIP		
TITLE	Codb a sin	- A V VD A		TITLE	Company Company		- K
Catherine A. Young VP, AS STREET ADDRESS 8100 17th Way N							* {
STREET ADDRESS CITY-ST-ZIP St. Petersburg, FL 33702				\$3 2 600	ET ADDRESS ST-ZIP **		
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NAME STREET ADDRESS	ADDRESS				ET ADDRESS		
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NAME STREET ATINGESS							
STREET ADDRESS CONTY-ST-ZIP					ET ADDRESS		
CITY-ST-ZIP	1.15			CHY	SI-ZP		

12. I hereby certify that the information supplied with this filling 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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

PILGSIDED T

SIGNATURE:

CHRISTE

4-29-03

Daytime Phone #