

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117722

1. Entity Name
ASSOCIATES & YOUNG, INC.



FILED.

03 OCT 21 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03
☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 15249 N MAIN ST UNIT 1 JACKSONVILLE FL 32218		Mailing Address 15249 N MAIN ST UNIT 1 JACKSONVILLE FL 32218	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0006307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAY, THOMAS R 2301 INDEPENDENT SQ ONE INDEPENDENT DR JACKSONVILLE FL 32202		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 _____ (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	S HAMRICK, LINDA 15249 N MAIN ST UNIT 1 JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200023985608 10/21/03--01140--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, JEAN 15249 N MAIN ST UNIT 1 JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'NEIL, TONY 15249 N MAIN ST UNIT 1 JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MARSHA GAIL YOUNG 15251 N. MAIN ST. JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALAN GLASS 15249 N. MAIN ST. #2 JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Marsha Gail Young 10/9/03 (904) 757-6931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003711 AN

CR2E034 (4/03)

**ASSOCIATES & YOUNG, INC.
15249 NORTH MAIN STREET, UNIT 1
JACKSONVILLE, FLORIDA 32218**

(904) 757-6931

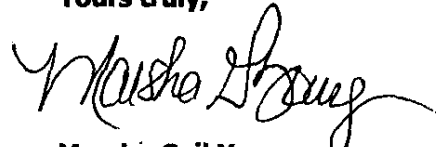
October 9, 2003

**Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500**

Our corporation has undergone severe reorganization and those persons who were responsible for the filing of reports and taxes are no longer with us. I have just recently taken over the management of the office and operations and received this notice that the Uniform Business Report has not been filed. Because we were in litigation with our original corporation, all books and records were with the attorneys and we were not aware of this deficit until now.

As you can see, we have a change in officers and we are attempting to file all taxes and reports due. We are asking for an abatement of the penalty with regard to this report and will appreciate your consideration.

Yours truly,



**Marsha Gail Young
Secretary/Treasurer**

**MGY/bal
Encl: Doc.#P01000117722
Remittance: \$150.00**