

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90197 007 ***150.00

DOCUMENT # P02000025964

1. Entity Name

KENNETH M. YIP-YOUNG, DDS, P.A.



Principal Place of Business

**3640 FICUS PL
GRANT FL 32949**

Mailing Address

**3640 FICUS PL
GRANT FL 32949**

2. Principal Place of Business

1071 PORT MALABAR BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

4. FEI Number

FEI ID - 02057702

Applied For

Not Applicable

Zip

32905

Country

US

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BICKFORD, ROBERT E LLM
2101 S. WAVERLY PL
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **D** ☐ Delete
NAME **YIP-YOUNG, KENNETH M**
STREET ADDRESS **3640 FICUS PL.**
CITY-ST-ZIP **GRANT FL 32949**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1/30/03
Date

321 768-0330
Daytime Phone #

CR2E034 (10/02)