

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90157 004 ***150.00

DOCUMENT # P02000039372

1. Entity Name
S M YOUNG PROPERTIES, INC.



Principal Place of Business
**802 N LANIER AVE
FT MEADE FL 33841**

Mailing Address
**802 N LANIER AVE
FT MEADE FL 33841**



2. Principal Place of Business
436 CRACKER LN
Suite, Apt. #, etc.

3. Mailing Address
436 CRACKER LN
Suite, Apt. #, etc.

City & State
WAUCHULA FL X
Zip
33873 Country
US

City & State
WAUCHULA FL
Zip
33873 Country
US

4. FEI Number
03-0432140

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**YOUNG, MICHAEL C
802 N LANIER AVE
FT MEADE FL 33841**

7. Name and Address of New Registered Agent

Name
YOUNG, MICHAEL C
Street Address (P.O. Box Number is Not Acceptable)
436 CRACKER LN

City
WAUCHULA FL Zip Code
33873

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

STEPHANIE N YOUNG
(NOTE: Registered Agent signature required when reinstating)

02/27/03
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 NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG, STEPHANIE 802 N LANIER AVE FT MEADE FL 33841	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS YOUNG, MICHAEL C 802 N LANIER AVE FT MEADE FL 33841	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG, STEPHANIE 436 CRACKER LN WAUCHULA FL 33873	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS YOUNG, MICHAEL C 436 CRACKER LN WAUCHULA FL 33873	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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: Stephanie N Young **STEPHANIE N YOUNG** 02/27/03 863-767-0368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #