

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000106580

FILED
Apr 29, 2003
Secretary of State

Entity Name: YOUNG TECHNOLOGIES INC.

Current Principal Place of Business:

6599 114TH ST.
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

PO BOX 7521
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 74-3063696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, ROBERT I JR
6599 114TH ST.
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOUNG, ROBERT I JR
Address: 6599 114TH ST.
City-St-Zip: SEMINOLE, FL 33772

Title: VP () Delete
Name: MICHAEL, JOHN
Address: 4956 HARBOR VILLA LN., #107
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SASAKI, MITCHAN M
Address: 3275-1 N.W. 44TH STREET EXT.
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT YOUNG

PRES

04/29/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date