FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90980 014 ***150.00

DOCUMENT # P02000120541

1. Entity Name
BAC. York INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Cuts with Style
Suite, Apt. #, etc.
232 Retreat Village
City & State
St. Simons Island, Ga
Zip 31522 Country

3. Mailing Address
4925 Verdis St
Suite, Apt. #, etc.
City & State
Jacksonville, Fl.
Zip 32258 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2082098
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
David A. King
Street Address (P.O. Box Number is Not Acceptable)
1416 Kingsley Avenue
City
Orange Park
FL
Zip Code
32073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Frances K. York
STREET ADDRESS	4925 Verdis St.
CITY-ST-ZIP	Jax. Fl. 32258
TITLE	Vice President
NAME	Douglas V. York
STREET ADDRESS	4925 Verdis St
CITY-ST-ZIP	Jax. Fl. 32258
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frances K. York, Pres. 4/5/03 904-886-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #