

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90040 010 ***150.00

721690

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---|---|---------|
| DOCUMENT # P93000017282 | | | |
| 1. Entity Name Y.Y.D. OF PALM BEACH COUNTY, INC. | | | |
| Principal Place of Business 5590 S 37 CT GREENACRES FL 33463 | | Mailing Address P. O. BOX 854 LOXAHATCHEE FL 33470 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MITCHELL, DALE 14292 WELLINGTON TRACE WEST PALM BEACH FL 33414 | | 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. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | |
| | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE | PVST <input type="checkbox"/> Delete | | |
| NAME | MITCHELL, DALE | | |
| STREET ADDRESS | 14292 WELLINGTON TRACE | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33414 | | |
| TITLE | D <input type="checkbox"/> Delete | | |
| NAME | MITCHELL, DALE | | |
| STREET ADDRESS | 14292 WELLINGTON TRACE | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33414 | | |
| TITLE | <input type="checkbox"/> Delete | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>Dale Mitchell</u> <u>Dale Mitchell</u> Pres <u>2-22-01</u> <u>561-312-0640</u> | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

CR2E034 (10/00)