

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 94000007800**

1. Entity Name

WOCFE, Young, OBAKER + CO., Inc.
101 Sunnytown ROAD, SUITE 200
Casselberry FL 32707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 Sunnytown Rd

Suite, Apt. #, etc.
200

City & State

Casselberry, FL

Zip
32707

Country
USA

3. Mailing Address

101 Sunnytown Rd

Suite, Apt. #, etc.
200

City & State

Casselberry, FL

Zip
32707

Country
USA

4. FEI Number

59-3235341

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Lonnice Young

Street Address (P.O. Box Number is Not Acceptable)

101 Sunnytown Rd

Suite 200

City
Casselberry

FL
Zip Code
32707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)



January 1-May 1: Fee is \$150.00
After May 1: Fees is \$550.00
Amended UBR is \$6125
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

PRESIDENT, S.T.D
Lonnice Young
101 Sunnytown Rd STE 200
Casselberry, FL 32707

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Lonnice Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/02

4073399000

Date

Daytime Phone #

CR2E034B (12/01)