

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034116

1. Entity Name

Young Ideas, Inc.

Principal Place of Business

1344 Malabar Rd. S.E.
Palm Bay FL 32907

Mailing Address

P.O. BOX 60475
Palm Bay FL 32906-0475

2. Principal Place of Business

1344 Malabar Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 60475

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Palm Bay FL 32906-0475

4. FEI Number

593439497

Applied For

Not Applicable

Zip

32907

Country

Brevard

Zip

32906

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

William Dwayne Young
449 DelAlto Ave NE
Palm Bay FL 32907

7. Name and Address of New Registered Agent

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

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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President ☐ Delete
NAME William Dwayne Young
STREET ADDRESS 449 DelAlto Ave. NE
CITY-ST-ZIP Palm Bay FL 32907

TITLE Vice President ☐ Delete
NAME William Dwayne Young III
STREET ADDRESS 433 DelAlto Ave NE
CITY-ST-ZIP Palm Bay FL 32907

TITLE Secretary ☐ Delete
NAME Lisa Young
STREET ADDRESS 433 DelAlto Ave NE
CITY-ST-ZIP Palm Bay FL 32907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300004448663--4
-06/28/01--01019--020
****150.00 ****150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
AD

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: President William Dwayne Young William Dwayne Young 04-29-01 (321)9522494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
SECRETARY OF STATE
FLORIDA

01 MAY 22 PM 12:17

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)