

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 24 AM 11:02



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P97000034136</b>				<b>1. Entity Name</b> CLAUDE STUART YOUNG, P.A.	
<b>Principal Place of Business</b> 2704 BEE RIDGE RD. SARASOTA FL 34239			<b>Mailing Address</b> P.O. BOX 25487 SARASOTA F: 34277		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0755457	
				Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
YOUNG, CLAUDE S 2704 BEE RIDGE RD. SARASOTA FL 34239			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State		<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD YOUNG, CLAUDE S 2704 BEE RIDGE RD. SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004618587 -10/01/01-01077-021 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			SP		
<b>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.</b>					
<b>SIGNATURE:</b>			<b>SIGNATURE REQUIRED</b> 9/22/01		

CR2E034 (5/01)

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Florida Dept. of State -

To whom it may concern:

I was advised by your Department  
to explain that I had not been notified  
of the notice of fee and <sup>warrant</sup> Uniform Business  
Court form. I have enclosed a check in  
the amount of \$150.00 as instructed by  
your Department representative.

Sincerely,

C. W. J.