2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000002207** May 31, 2000 8:00 am Secretary of State YOUNG & YOUNG INVESTMENTS, INC. 05-31-2000 90003 001 ***550.00 Mailing Address Principal Place of Business 2102 S. FEDERAL HIGHWAY 2102 S. FEDERAL HIGHWAY DELRAY BEACH FL 33483-3316 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0808830 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, ROY TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 2102 S. FEDERAL HIGHWAY **DELRAY BEACH FL 33483** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change ☐ Addition D Delete TITLE YOUNG, ROY TIMOTHY NAME NAME STREET ADDRESS 2102 S. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE YOUNG, JOHN BRUCE NAME NAME STREET ADDRESS STREET ADDRESS 2102 S. FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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