

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021582

1. Entity Name  
GREG YOUNG, INC.

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90010 005 \*\*\*150.00

Principal Place of Business

Mailing Address

3436 S.W. 42ND AVE.,STE.17  
GAINESVILLE FL 32608

3436 S.W. 42ND AVE.,STE.17  
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

3631 SW Archer RD

3631 SW Archer RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

SUITE B

City & State  
GAINESVILLE, FL

City & State  
GAINESVILLE, FL

Zip  
32608

Country  
ALABAMA

Zip  
32608

Country  
ALABAMA

4. FEI Number 59-3496420

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, GREG  
3436 S.W. 42ND AVE.,STE.17  
GAINESVILLE FL 32608

Name

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

3631 SW Archer RD

SUITE B

City GAINESVILLE

FL

Zip Code 32608

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
YOUNG, WILLIAM G  
2956 SW 40TH PL  
GAINESVILLE FL 32608 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

William Gregory Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Gregory Young

Date

4/24/01  
352 375-7348

Daytime Phone #

CR2E034 (10/00)