FILED

Feb 20, 2002 8:00 am

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

KANTURE REQUIR

ANGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGNATURE:

P98000021894 DOCUMENT # **Secretary of State** 1. Entity Name 02-20-2002 90170 040 ***150.00 T.L. YOUNG & COMPANY, INC. Change New YAK Entroposes, Inc. Principal Place of Business Mailing Address 1625 HACKNEY AVENUE 1625 HACKNEY AVENUE ORLANDO FL 32806 ORLANDO FL 32806 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3505223 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAGGARD, GUY S ESQ Street Address (P.O. Box Number is Not Acceptable) 201 EAST PINE STREET **SUITE 1200** ORLANDO FL 32801 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS **CEOP** TITLE Change ☐ Addition Delete Timothy L. Your) YOUNG, TIMOTHY L NAME ίMΕ 1625 Hackney Are. REET ADDRESS 1304 SHOREWOOD DR STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP TY-ST-ZIP Delete TITLE ☐ Change ☐ Addition İLE MF NAME YOUNG, TIMOTHY L REET ADDRESS 1304 SHOREWOOD DR STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 Secretary / Trenown Mark Angelo 515 Lake Are. Delete TITLE ☐ Change Addition NAME REET ADDRESS STREET ADDRESS Orland FL 32804 CITY-ST-ZIP Y-ST-ZIP ĹΕ ☐ Delete TITLE ☐ Change ■ Addition MF NAME STREET ADDRESS REET ADDRESS Y-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition REET ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition ИE NAME EET ADDRESS STREET ADDRESS ST-7IP CITY-ST-7IP 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.