

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029448

1. Entity Name

R.C.Y. ENTERPRISES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90192 040 ***150.00

Principal Place of Business
 3270 N 17-92
 LONGWOOD FL 32750
 US

Mailing Address
 3270 N 17-92
 LONGWOOD FL 32750
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3511491** 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, ROB~~
 1157 GALLAHAD DRIVE
 CASSELBERRY FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | P | <input type="checkbox"/> Delete |
| NAME | YOUNG, ROBERT C | |
| STREET ADDRESS | 1157 GALEHAD DRIVE | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | |
| TITLE | OV. P. | <input type="checkbox"/> Delete |
| NAME | YOUNG, LAURA K | |
| STREET ADDRESS | 1157 Galehad Dr. | |
| CITY-ST-ZIP | Casselberry Fl. 32707 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C Young

4-25-01

Date

407-328-7247

Daytime Phone #

CR2E034 (10/00)