

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90738 006 ***150.00

DOCUMENT # P98000029448

1. Entity Name
R.C.Y. ENTERPRISES, INC.



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
2921 Orlando Drive

3. Mailing Address
2921 Orlando Dr.

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite # 100

City & State
Sanford

City & State
Sanford

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3511491**

Applied For
Not Applicable

Zip
32773

Country
Seminole

Zip
32773

Country
Seminole

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P YOUNG, ROBERT C 1157 GALAHAD DR. CASSELBERRY FL 32707 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP YOUNG, LAURA K 1157 GALAHAD DR. CASSELBERRY FL 32707 | <input type="checkbox"/> Delete |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Laura K Young** 4-22-03 407-328-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

06/7/257
FP

CR2E034 (10/02)