

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101971

Entity Name
YOUNGER AGENCY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90294 034 ***150.00

Principal Place of Business

5275 BABCOCK ST
SUITE #3
PALM BAY FL 32905

Mailing Address

5275 BABCOCK ST
SUITE #3
PALM BAY FL 32905

958017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFI Number 59-3549631

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HOLDER, JOHN
5275 BABCOCK ST
SUITE #2
PALM BAY FL 32905

Name **RICHARD G. YOUNGER**
Street Address (P.O. Box Number is Not Acceptable)
5275 BABCOCK STREET SUITE 3
City **PALM BAY** Zip Code **32905**

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 **RICHARD G. YOUNGER**

Signature, typed or printed name of registered agent and the filer only.

(NOT Registered Agent signature required when re-registering)

DATE

Richard Younger President 4/18/01

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-STATE-ZIP	PT YOUNGER, RICHARD 403 ANCOR KEY MELBOURNE BEACH FL 32951	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S YOUNGER, CONSTANCE 403 ANCOR KEY MELBOURNE BEACH FL 32951	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 an other like empowered.

SIGNATURE: **Richard Younger**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

321-777-8017
Daytime Phone No.

CR2E034 (10/00)