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2002 Uniform Business Report (UBR)

Mar 29, 2002 8:00 am Secretary of State **DOCUMENT #** P98000101971 1. Entity Name 03-29-2002 91399 037 ***150.00 YOUNGER AGENCY, INC. Principal Place of Business Mailing Address 5275 BABCOCK ST 5275 BABCOCK ST SUITE #3 SUITE #3 PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address 5055 Babcock St NE 5055 Babcock St NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite #5 Suite #5 Applied For City & State City & State 4. FEI Number 59-3549631 Palm Bay, Palm Bav.Fl Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32905 32905 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. YOUNGER, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 5275 BABCOCK ST SUITE #3 5055 Babcock ST NE Suite #5 PALM BAY FL 32905 City Palm Bay, FL 32905 8. The above named entity submits this statement for the purpose of cha ts registered office or registered agent, or both, in the State of Florida. Richard G. Younger Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) Change TITLE ☐ Delete TITLE ☐ Addition ₽₽₽ YOUNGER, RICHARD NAME Younger, Richard CR2E034 STREET ADDRESS **403 ANCOR KEY** STREET ADDRESS 502 Island Court **MELBOURNE BEACH FL 32951** CITY-ST-ZIP CITY-ST-ZIP Indian Harbour Bch.,FL TITLE ☐ Delete TITI F ☐ Addition YOUNGER, CONSTANCE NAME NAME Younger, Constance STREET ADDRESS STREET ADDRESS 403 ANCOR KEY 502 Island Court CITY-ST-ZiP CITY-ST-ZIP MELBOURNE BEACH FL 32951 Indian HarbourBch., FL32937 ☐ Addition TITLE-Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 supplymental 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 of trustile empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachr

with all other like empowered

RICHARD G