

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1'

FILED
May 05, 2003 8:00 am
Secretary of State

04-17-2003 90201 048 ***150.00

DOCUMENT # P98000104091

1. Entity Name
YOUNGINS, INC.



Principal Place of Business
**407 BEVERLY BLVD.
BRANDON FL 33511**

Mailing Address
**407 BEVERLY BLVD.
BRANDON FL 33511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3573787**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULTENFUSS, MARY ELIZABETH
407 BEVERLY BLVD.
BRANDON FL 33511**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 | D ELIZABETH SULTENFUSS, MARY <input type="checkbox"/> Delete 407 BEVERLY BLVD. BRANDON FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREENWELL, MICHAEL SCOTT <input type="checkbox"/> Delete 407 BEVERLY BLVD. BRANDON FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PATRICK WM. GREENWELL <input type="checkbox"/> Delete SHANNON DR. TUSCALOOSA, ALA. Sec. TREAS. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Katherine Greenwell <input type="checkbox"/> Delete 509 SEFFNER VAIRICO RD. VAIRICO, FL 33594 DIRECTOR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Joseph Greenwell <input type="checkbox"/> Delete 405 Beverly Blvd. BRANDON, FL 33511 DIRECTOR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MARGARET Priola <input type="checkbox"/> Delete 405 OAKWOOD DR. BRANDON, FL 33511 DIRECTOR |

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1004 N. PARSONS BRANDON, FL 33510 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Margaret Priola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

4-14-03

813 -
689-4888
Date Daytime Phone #

CR2E034 (10/02)