

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90004 038 ***150.00

DOCUMENT # P99000008227

1. Entity Name

A.D. YOUNGBLOOD, INC.

Principal Place of Business

**2300 W. MICHIGAN AVE.
PENSACOLA FL 32526**

Mailing Address

**2300 W. MICHIGAN AVE.
PENSACOLA FL 32526**

2. Principal Place of Business

6826 East Gate Rd.

3. Mailing Address

6826 East Gate Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Molino FL

Zip

32570

Country

US

Zip

32570

Country

US

4. FEI Number

59-3560299

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

**YOUNGBLOOD, ALGIE D
2300 W. MICHIGAN AVE.
PENSACOLA FL 32526**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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** ☐ Delete
NAME **YOUNGBLOOD, ALGIE D**
STREET ADDRESS **2300 W MICHIGAN AVE #31**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **P** ☒ Change ☐ Addition
NAME **Youngblood, Algie D.** Address
STREET ADDRESS **6826 East Gate Rd.**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **VP** ☐ Delete
NAME **YOUNGBLOOD, DIANNE L**
STREET ADDRESS **2300 W MICHIGAN AVE # 31**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **VP** ☒ Change ☐ Addition
NAME **Youngblood, Dianne L.** Address
STREET ADDRESS **6826 East Gate Rd.**
CITY-ST-ZIP **Milton FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

DIANNE L. Youngblood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 206-4881

CR2E034 (10/00)