2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000028254** Jan 14, 2000 8:00 am 1. Entity Name **Secretary of State** YOUTH INVESTMENTS OF WELLEBY, INC. 01-14-2000 90052 044 ***158.75 Mailing Address Principal Place of Business 1083 N.W. 97TH AVE. 10092 W. OAKLAND PARK BLVD. PLANTATION FL 33322-4886 SUNRISE FL 33351 3. Mailing Address 2. Principal Place of Business 1121 NW 115 Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State FL 65-0907422 Not Applicable Plantation Country \$8.75 Additional Zip Country 5. Certificate of Status Desired USA Fee Required 3332**3** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Millard Douglas MILLARD, DOUGLAS S Street Address (P.O. Box Number is Not Acceptable) 1083 N.W. 97TH AVE. PLANTATION FL 33322 NW 115 Auenue Zip Code FL 33323 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 (NOTE: Registered Agent signature required when reinstating) 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. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE Millard, Douglas S. MILLARD, DOUGLAS S NAME NAME 1121 NW 115 Avenue STREET ADDRESS 1083 N.W. 97TH AVE. STREET ADDRESS CITY-ST-ZIP Plantation, FL 33323 CITY-ST-ZIP PLANTATION FL 33316 Change □ Addition TITLE Delete TITLE Millard, Bonnie L. MILLARD, BONNIE L NAME NAME 1121 NW 115 Avenue STREET ADDRESS 1083 N.W. 97TH AVE. STREET ADDRESS CITY-ST-ZIP Plantation, FL 33323 CITY-ST-ZIP PLANTATION FL 33316 Addition TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 his 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.

Daytime Phone #