

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057858

1. Entity Name

G.E. YOUNG, P.A.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90056 012 ***150.00

Principal Place of Business

250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33840

Mailing Address

250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33840

2. Principal Place of Business

One North Clematis

3. Mailing Address

One North Clematis

Suite, Apt. #, etc.

Suite 400 / 4th Floor

Suite, Apt. #, etc.

Suite 400 / 4th Floor

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

4. FEI Number

65-0930950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33840

7. Name and Address of New Registered Agent

Name
Angell Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
One North Clematis, Suite 400 (4th Floor)
City
West Palm Beach, Florida
FL
Zip Code
33401

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.

Angell Corporate Services, Inc.

SIGNATURE

[Signature]

2/26/01

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

Jonathan E. Cole, President

(NOTE: Registered Agent's 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

TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, G.E.	
STREET ADDRESS	250 ROYAL PALM WAY SUITE 300	
CITY-ST-ZIP	PALM BEACH FL 33840	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 22, 2001

Date

561-833-7700

Daytime Phone #

CR2E034 (10/00)