

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90246 035 \*\*\*150.00

DOCUMENT # **P99000095646**

1. Entity Name  
**YOUNG KENSTRUCTION, INC.**

Principal Place of Business      Mailing Address  
**6114 ALICIA DR.**      **6114 ALICIA DR.**  
**PENSACOLA FL 32504**      **PENSACOLA FL 32504**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FCI Number **59-3609778**      Applied for  
 No. Applications

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

**YOUNG, KENNETH R**  
**6114 ALICIA DR.**  
**PENSACOLA FL 32504**

Name  
 Street Address (P.O. Box Numbers Not Acceptable)  
 City      State      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 of the officer or director of the corporation or other authorized representative

(NOTE: Registered Agent's signature required when making change)

DATED

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 \$160.00**  
**After MAY 1, 2001 Fee will be \$650.00**  
**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 '01

FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	FILE NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete	<b>D</b> <b>YOUNG, KENNETH R</b> <b>6114 ALICIA DR.</b> <b>PENSACOLA FL 32504</b>		<input type="checkbox"/> Change <input type="checkbox"/> Add New		
<input type="checkbox"/> Delete	<b>VP</b> <b>YOUNG, MARK A</b> <b>805 N 57TH AVE</b> <b>PENSACOLA FL 32506</b>		<input type="checkbox"/> Change <input type="checkbox"/> Add New		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Add New		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Add New		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another I-ke empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

CH2E034 (10.00)