

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90750 013 ***150.00

DOCUMENT # P99000108266

1. Entity Name
DOUGLAS E. YOUNG, P.A.



Principal Place of Business
151 REGIONS WAY
SUITE 3 B
DESTIN FL 32541

Mailing Address
151 REGIONS WAY
SUITE 3 B
DESTIN FL 32541



2. Principal Place of Business

151 REGIONS WAY

SUITE 5-D

DESTIN FL

3. Mailing Address

151 REGIONS WAY

SUITE 5-D

DESTIN FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3618723**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, DOUGLAS E
151 REGIONS WAY
SUITE 3 B
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name **YOUNG, DOUGLAS E**

Street Address (P.O. Box Number is Not Acceptable)
151 REGIONS WAY

SUITE 5-D

City **DESTIN** **FL** **Zip Code** **32541**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **YOUNG, DOUGLAS E**
STREET ADDRESS **151 REGIONS WAY #3B**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **YOUNG, DOUGLAS E**
STREET ADDRESS **151 REGIONS WAY #5-D**
CITY-ST-ZIP **DESTIN FL 32541**

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

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

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

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 **850-837-2722**
Date **Daytime Phone #**

CR2E034 (10/02)