

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90122 028 ***550.00

DOCUMENT # P01000113856

1. Entity Name
FLORIDA YOUNG INCORPORATED

Principal Place of Business **Mailing Address**
75 DEERPATH DR. **75 DEERPATH DR.**
OLDMAR FL 34677-2064 **OLDMAR FL 34677-2064**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
75 DEERPATH DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
OLDMAR, FL

City & State
FL

Zip **Country**
34677 **USA**

4. FEI Number **Applied For**
59-3756577 **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**

SISSON, LARRY
218 SOUTHERN COUNTRY LN.
QUINCY FL 32351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **After September 13, 2002 Fee will be \$750.00**
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 NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, MARGARET B 75 DEERPATH DR. OLDMAR FL 34677-2064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Margaret B. Young* **Sept 12, 2002** **771 789 4016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER Date Daytime Phone #

CR2E034 (4/02)