2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR V21240 **DOCUMENT #**

1. Entity Name **D-YOUNG'S INCORPORATED**



Mailing Address Principal Place of Business 3610 SW 13TH ST 3610 SW 13TH ST GAINESVILLE FL 32608 GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FÉI Number 59-3110175 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, DAVID C Street Address (P.O. Box Number is Not Acceptable) 3610 SW 13TH ST **GAINESVILLE FL 32608** City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE YOUNG, DAVID C NAME 3610 SW 13TH ST STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition YOUNG, TSUIHUA NAME 3610 SW 13TH STREET STREET ADDRESS **GAINESVILLE FL 32608** CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS CITY-ST-7IP ☐ Change ☐ Defete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90983 020 ***150.00

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 'CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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

SIGNATURE