

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90303 015 ****61.25

DOCUMENT # N00000002252

1. Entity Name

SYSTEM OF SUCCESS, INC.



Principal Place of Business

**1815 WEST 15TH STREET
PANAMA CITY FL 32401**

Mailing Address

**1815 WEST 15TH STREET
PANAMA CITY FL 32401**

55045262

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3636972**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DIXON, BARBARA A
5156 MARLA DRIVE
PANAMA CITY FL 32404-6944**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **DIXON, BARBARA A**
STREET ADDRESS **5156 MARLA DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32404-6944**

TITLE **VD** ☒ Delete
NAME **DIXON, RALPH E**
STREET ADDRESS **19502 EAST COUNTY DRIVE**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **SD** ☐ Delete
NAME **WARREN, ERNESTINE O**
STREET ADDRESS **8147 HERITAGE WOODS DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

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 10

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

TITLE **Vice President / Director** ☒ Change ☐ Addition
NAME **Dixon, Ralph E**
STREET ADDRESS **16657 NE 35th St**
CITY-ST-ZIP **North Miami, FL 33160**

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

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

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

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 617, 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:

Barbara A Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

(850) 784-6060

Daytime Phone #

CR2037 (10/02)