

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

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

03-25-2002 90039 027 ****66.25

DOCUMENT # N00000005095

1. Entity Name

Y.E.S. OPPORTUNITIES, INC.

427474

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13889 Del Webb Blvd.

Suite, Apt. #, etc.

3. Mailing Address

13889 Del Webb Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Summerfield, FL

City & State
Summerfield, FL

4. FEI Number

59-3656796

Applied For

Not Applicable

Zip

34491

Country

USA

Zip

34491

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Michael C. Norvell, Attorney at Law

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

1410 Emerson Street

City

Leesburg

FL

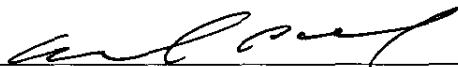
Zip Code

34748

**DO NOT WRITE
IN THIS SPACE**

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



Michael C. Norvell

3/6/02

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

(NOTE: Registered Agent signature required when registering)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

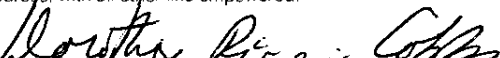
TITLE	P/T/D
NAME	Dorothy Rice-Cobbs
STREET ADDRESS	13889 Del Webb Blvd.
CITY-ST-ZIP	Summerfield, FL 34491
TITLE	V/S/D
NAME	Mary Jefferson
STREET ADDRESS	9524 Midland Turn
CITY-ST-ZIP	Upper Marlboro, MD 20772
TITLE	V/D
NAME	Mary Payne
STREET ADDRESS	8 East Alexandria Overlook
CITY-ST-ZIP	Oxon Hill, MD 20745
TITLE	V/CBOD
NAME	Patricia Anne Holmes
STREET ADDRESS	4405 N Indianhead Rd
CITY-ST-ZIP	Hernando, FL 34442

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Dorothy Rice-Cobbs

3/6/02

352-307-6691