

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000005622****1. Entity Name**
ENTERPRISING YOUTH INCORPORATED**Principal Place of Business**
8664 STOCKDALE AVE
PENSACOLA FL 32514**Mailing Address**
8664 STOCKDALE AVE
PENSACOLA FL 32514**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
59-3165226**Applied For**
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**
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.****SIGNATURE** **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUNDAY GEORGIA		NAME		
STREET ADDRESS	6974 CUTTER ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON ERIC		NAME		
STREET ADDRESS	2810 OAKRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARRIS JOSEPH		NAME		
STREET ADDRESS	3010 PANAMA DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARRIS NITA		NAME		
STREET ADDRESS	3010 PANAMA DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COES LEONARD		NAME		
STREET ADDRESS	8116 MONTICELLO DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODS ROOSEVELT		NAME		
STREET ADDRESS	7306 ROLLING HILL RD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505		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)(f), 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: Leonard Coes** **Rev** **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)