

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90123 015 \*\*\*\*61.25

**DOCUMENT # N01000003982**

1. Entity Name

**YOUNG EMPOWERMENT SYSTEMS, INC.**

Principal Place of Business

Mailing Address

219 WINDSONG CT.  
 NICEVILLE FL 32578

219 WINDSONG CT.  
 NICEVILLE FL 32578

2. Principal Place of Business

1222 N. Lakeshore Dr.

3. Mailing Address

1222 N. Lakeshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville, Florida

City & State

Florida, Niceville

Zip

32578

Country

USA

Zip

32578

Country

USA

4. FEI Number

31-1782099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**YOUNG, SUSAN**  
**219 WINDSONG CT.**  
**NICEVILLE FL 32578**

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 reinstating.

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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 **D** ☐ Delete  
 NAME **YOUNG, SUSAN**  
 STREET ADDRESS **219 WINDSONG CT.**  
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ Delete  
 NAME **CULLISON, ANN**  
 STREET ADDRESS **6745 DONERAIL TRAIL**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete  
 NAME **DIXON, ELIZABETH**  
 STREET ADDRESS **3113 CORAL REEF DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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 **D** ☒ Change ☐ Addition  
 NAME **Young, Susan**  
 STREET ADDRESS **1222 N. Lakeshore Dr.**  
 CITY-ST-ZIP **Niceville, Fl. 32578**

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

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:

**SIGNATURE RECORDED**

**7-8-02**

CR2E037 (4/02)