

FILED
Jun 25, 2003 8:00 am
Secretary of State

05-05-2003 91437 005 ****61.25

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

DOCUMENT # N02000008090
1. Entity Name
YOUNG BUSINESS DEVELOPMENT CENTER, INC.

55049774

Principal Place of Business
6212 CHESTNUT RD
PENSACOLA, FL 32514
Mailing Address
6212 CHESTNUT RD
PENSACOLA, FL 32514

2. Merged Policy of Business
3. Mailing Address

Date, Apr. 3, etc.
Date, Apr. 3, etc.

City & State
City & State

Zip
Country
Zip
Country

☐ CHECK HERE IF MAKING CHANGES

4. PO Number
11-3657366
5. Certificate of Sales District
☐ \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JEFFERSON, CURTIS
6212 CHESTNUT RD
PENSACOLA, FL 32514

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Applicable)
City
FL
Zip Code

8. The undersigned hereby certifies the statements for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Director/Officer, and accept the obligations of registered agent.

SIGNATURE
Please print name and title of individual signatory on 1 certificate. (UBR requires Registered Agent/Officer to be printed.)

9. Election Campaign Financing
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100. Election Campaign Financing

12. OFFICERS AND DIRECTORS	13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS
12.1 NAME JEFFERSON, CURTIS CITY-STATE-ZIP CITY-STATE-ZIP	13.1 NAME JEFFERSON, KIMBERLY CITY-STATE-ZIP CITY-STATE-ZIP
12.2 NAME JEFFERSON, KIMBERLY CITY-STATE-ZIP CITY-STATE-ZIP	13.2 NAME DUNN, KATHY CITY-STATE-ZIP CITY-STATE-ZIP
12.3 NAME CITY-STATE-ZIP CITY-STATE-ZIP	13.3 NAME S. J. T. T. CITY-STATE-ZIP CITY-STATE-ZIP
12.4 NAME CITY-STATE-ZIP CITY-STATE-ZIP	13.4 NAME CITY-STATE-ZIP CITY-STATE-ZIP
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12.10 NAME CITY-STATE-ZIP CITY-STATE-ZIP	13.10 NAME CITY-STATE-ZIP CITY-STATE-ZIP

15. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 1107(c)(2), Florida Statutes. I further certify that the information reported 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 corporation or entity designated to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 of changes, or on an electronic filing, with all other public documents.

SIGNATURE
4/29/03
650-391-7628

Attachment

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

DOCUMENT # N02000008090			
1. Entity Name YOUNG EINSTEINS DEVELOPMENT CENTER, INC.			
Principal Place of Business 8212 CHEMSTRAND RD PENSACOLA, FL 32514		Mailing Address 8212 CHEMSTRAND RD 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 11-3657366		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFERSON, CURTIS 8212 CHEMSTRAND RD PENSACOLA, FL 32514		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's signature required when registering.)			
FILE NOW - FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JEFFERSON, CURTIS 1661 EAGLE ST CANTONMENT, FL 32533 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P/D Jefferson, Kimberly 1661 Eagle St Cantonment, FL 32533 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JEFFERSON, KIMBERLY 1661 EAGLE ST CANTONMENT, FL 32533 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/TT Purifoy, LaTrina 825 Booker Ave Cantonment, FL 32533 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TT more, Cynthia 42 Ymagen, St Cantonment, FL 32533 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 		Date 6/27/03 \$58-193-4625	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

0325037 (10/02)