

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-27-2003 90182 017 ****70.00

DOCUMENT # N02000007729

1. Entity Name

ELITE SOCIAL EMPOWERMENT GROUP, INC.



Principal Place of Business

**2205 LYME BAY DR
ORLANDO FL 32839-7532**

Mailing Address

**PO BOX 560495
ORLANDO FL 32856-0495**

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

59-3748956

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

**WILLIAMS, TIMOTHY
18100 NW 51 PL
CAROL CITY FL 33055**

7. Name and Address of New Registered Agent

Name **JOHN W. HALSTEAD**

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

2205 LYME BAY DRIVE

City **ORLANDO**

FL Zip Code **32839**

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

John W. Halstead - President

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

(NOTE: Registered Agent signature required when reinstating)

JAN. 8, 2003

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 **P** ☐ Delete
NAME **HALSTEAD, JOHN W**
STREET ADDRESS **2205 LYME BAY DR**
CITY-ST-ZIP **ORLANDO FL 32839-7532**

TITLE **V** ☐ Delete
NAME **HALSTEAD, LAKESHA**
STREET ADDRESS **2205 LYME BAY DR**
CITY-ST-ZIP **ORLANDO FL 32839-7532**

TITLE **ST** ☐ Delete
NAME **CORNEILLE, TERESA**
STREET ADDRESS **1861 BUCHANAN BAY CIRCLE UNIT 108**
CITY-ST-ZIP **ORLANDO FL 32839**

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

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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:

John W. Halstead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-03 (407) 709-8604

CR2E037 (10/02)