

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90049 036 ***150.00

DOCUMENT # *PO1000079668*

1. Entity Name

Frontline Empowerment Resources, Inc.

DO NOT WRITE IN THIS SPACE

980513

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1777 S. State Rd. 7

1777 S. St. Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Margate, FL

Margate, FL

Zip

Country

Zip

Country

33068

33068

4. FEI Number

Applied For

22-0848394

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ruth Liverpool

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

8428 W. Oakland Park Blvd

City

Sunrise

FL

Zip Code

33351

**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

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

(NOTE: Registered Agent signature required when reinstating)

9/13/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<i>PD</i>
NAME	<i>Janice Howerton</i>
STREET ADDRESS	<i>1777 S. State Rd. 7</i>
CITY-ST-ZIP	<i>Margate, FL 33068</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02
Date

Daytime Phone #

CR2E034B (12/01)