

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90033 040 ***150.00

DOCUMENT # P97000019896

1. Entity Name
EMPOWER GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9500 PAYNE ROAD	3. Mailing Address 9500 PAYNE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State SEBRING, FL	City & State SEBRING, FL
Zip 33875	Zip 33875
Country USA	Country USA

4. FEI Number 650859569	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JUDY PRICE DETORE

Street Address (P.O. Box Number is Not Acceptable)
7609 WEST JOSEPHINE ROAD

City
LAKE PLACID

State
FL

Zip Code
33852

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 _____ (NOTE: Registered Agent signature required when reinstating) **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 P D	NAME DETORE, CHARLES M
STREET ADDRESS 7609 WEST JOSEPHINE ROAD	
CITY - ST - ZIP LAKE PLACID, FL 33852	
TITLE S T D	NAME DETORE, JUDY P
STREET ADDRESS 7609 WEST JOSEPHINE ROAD	
CITY - ST - ZIP LAKE PLACID, FL 33852	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Judy Price Detore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02
Date Daytime Phone #

CR2E034B (12/01)