

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90061 037 ***158.75

0417567

DOCUMENT # P97000029797

1. Entity Name

EXECUTIVE EMPOWERMENT, INC.

Principal Place of Business

**176 APPIAN STREET
PORT CHARLOTTE FL 33954**

Mailing Address

**176 APPIAN STREET
PORT CHARLOTTE FL 33954**

2. Principal Place of Business

1409 Gleneagles Drive
Suite, Apt. #, etc.

3. Mailing Address

1409 Gleneagles Drive
Suite, Apt. #, etc.

City & State

Venice, Florida

City & State

Venice, Florida

4. FEI Number

65-0735944

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

34292

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEWART, RALPH S
176 APPIAN STREET
PORT CHARLOTTE FL 33954**

7. Name and Address of New Registered Agent

Name

Ralph Scott Stewart

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

1409 Gleneagles Drive

City

Venice

FL

Zip Code
34292

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/01

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PTD** ☐ Delete
NAME **STEWART, RALPH S**
STREET ADDRESS **176 APPIAN STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **VPSD** ☐ Delete
NAME **LETSON, LYNNE A**
STREET ADDRESS **818 FOX HOLLOW WAY**
CITY-ST-ZIP **MANCHESTER NH 03104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **Ralph Scott Stewart**
STREET ADDRESS **1409 Gleneagles Drive**
CITY-ST-ZIP **Venice, Florida 34292**

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ralph Scott Stewart

4/23/01 (941)484-7737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)