

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90013 009 \*\*\*150.00

**DOCUMENT # P98000047112**

1. Entity Name  
**EMPOWERED KIDS, INC.**

Principal Place of Business  
**253 N PLUMOSA ST**  
**MERRITT ISLAND FL 32953**

Mailing Address  
**253 N PLUMOSA ST**  
**MERRITT ISLAND FL 32953**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1464 Knoll Ridge Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1464 Knoll Ridge Dr**  
 Suite, Apt. #, etc.

City & State  
**Viera, Florida**

City & State  
**Viera, Florida**

Zip  
**32940**

Country  
**Brevard**

Zip  
**32940**

Country  
**Brevard**

4. FEI Number **59-3517200**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARKEY & FOWLER, P.A.**  
**410 WEST MERRITT AVE.**  
**MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**25 McLeod St**

City  
**Merritt Island**

FL

Zip Code  
**32953**

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 \_\_\_\_\_ (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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D LORELLO-KOERT, TERESA</b><br><b>253 N. PLUMOSA ST</b><br><b>MERRITT ISLAND FL 32953</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D LORELLO, TERESA</b><br><b>1464 Knoll Ridge Drive</b><br><b>Viera, FL 32940</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: **TERESA LORELLO-KOERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-02 cell-321-795-1805 wk 321-253-5421

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/02)

Attachment 677092  
Dear Dept of State: #P98000047112

I am sending this UBR with a  
check for \$150. I relocated this year  
and did not receive the initial report.

Your office advised that since  
I never received the initial report  
that they would accept this payment.

Thank you.

Sincerely,

Teresa Louello