2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 504075

1. Entity Name

SIGNATURE Min

EXECUTIVE INVESTMENT ASSOCIATES, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90184 034 ***150.00

Principal Place of Business Mailing Address					}							
3665 BEE RIDG SARASOTA FL		SUITE 310	3665 BEE RIDGE RD SARASOTA FL 34233	s	UITE 310				-			
2. Principal Pl	lace of Busine	9\$\$	3. Mailing Address									.[8f] 818H 18 f]
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WR	ITE IN TH	IIS SP	ACE	
City & State			City & State			4. 1	FEI Number	59-166343	31		_	Applied For
Zip		Country	Zip		Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent		<u> </u>	7. 1	Name and Ac	dress of New	Register	ed Ag	ent	
-					Name						~~~~	
MCSWEENEY, ANINA C					Street Address (P.O. Box Number is Not Acceptable)							
	BEE RIDGE			Street Address			30x Number I	s Not Acceptab	le)			
	ASOTA FL 3											
						<u>.</u>						
					City				F	=L	Zip Co	de
									<u>`</u>		L	
8. The above	named entity	submits this statement to	r the purpose of changing its	s register	ed office or regi	stered ag	gent, or both,	in the State of F	lorida.			
SIGNATURE _	<u></u> _											
	Signature, typed o	r printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature req	uired when re	einstating)		DA1	E .		
9. This corpo	ration is eligib	ole to satisfy its Intangible	FILE NOW	!!! FEE	IS \$150.00							
		nd elects to do so.		After MAY 1, 2001 Fee will be \$550.00				on Campaign Fi Fund Contributi	-			00 May Be
(See criteria on back)			,	Make Check Payable to Department of			Trust	runa Contributi	on.		Adde	ed to Fees
11.		OFFICERS AND	DIRECTORS	12.		AF	DITIONS/CH	IANGES TO OF	FICERS A	ND C	IBECTO	BS IN 11
TITLE	SV	0111021107410	□ Delete	TITL			<u> </u>		102/107		☐ Change	
NAME		DORA M.C.	□ Delete	NAM						١,		☐ Yournell
STREET ADDRESS		RIDGE RD. #310			ET ADDRESS							
CITY-ST-ZIP	SARASOT/				-ST-ZIP							
	C C	\ FL								 _	7 0	- Addition
TITLE	•	IAILE C	☐ Delete	TITL	l					L	☐ Change	Addition
NAME OTDEET ADDRESS	CARRION,			NAM								
STREET ADDRESS		RIDGE RD. #310			ET ADDRESS							
CITY-ST-ZIP		\ FL 34233		CIT	-ST-ZIP							
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NAME		EY; ANINA C		— NAM	1							
STREET ADDRESS		RIDGE RD. #310			ET ADDRESS							
CITY-ST-ZIP		NFL 34233		CITY	-ST-ZIP							
TITLE	VT		☐ Delete	TITU						โ	☐ Change	Addition
NAME	CARRION,	JAIME R		NAM	1							
STREET ADDRESS		RIDGE RD, #310			ET ADDRESS							
CITY-ST-ZIP	SARASOT/	NFL 34233		CITY	-ST-ZIP							
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STREET ADDRESS			;	STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
indicated of the corr	on this report porátion or the	or supplemental report is e receiver or trustee emoc	this filing does not qualify for true and accurate and that twered to execute this repor with all other like empowered	my signa t as requi	ture shall have t	he same '	legal effect as	s if made under	oath; tha	it I amí	an office	er or director

Anina C. McSweeney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/01

(941) 923-4551

Daytime Phone #