2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90167 010 ***150.00

DOCUMENT # G89117

1. Entity Name
EXECUTECH REALTY CORP.

Principal Place of Business
~~1932 HOWELL BRANCH ROAD~~
~~WINTER PARK FL 32792~~
~~US~~

Mailing Address
P O BOX 941569
MAITLAND FL 32794-1569
US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 235 S. MAITLAND AV
Suite, Apt. #, etc.: #111
City & State: MAITLAND
Zip: 32750 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number 59-2393806 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MENDES, ELZA
~~1932 HOWELL BRANCH ROAD~~
~~WINTER PARK FL 32792~~

7. Name and Address of New Registered Agent
Name: ELZA MENDES
Street Address (P.O. Box Number is Not Acceptable): 235 S MAITLAND AV SUITE 111
City: MAITLAND FL Zip Code: 32750

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MENDES, ELZA ~~1932 HOWELL BRANCH ROAD~~ ~~WINTER PARK FL 32792~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 235 S MAITLAND AV #111 MAITLAND FL 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MENDES, KATHRYN ~~1932 HOWELL BRANCH ROAD~~ ~~WINTER PARK FL 32792~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ANDRIJISZYN, KATHYN 235 S MAITLAND AV #111 MAITLAND FL 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-27-03 407-657-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)