2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 491001 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name EXECUTIVE HOLDINGS, INC. 04-26-2000 90055 032 ***150.00 Principal Place of Business Mailing Address 665 NORTH COUNTY ROAD 665 NORTH COUNTY ROAD PALM BEACH FL 33480-3423 PALM BEACH FL 33480 US 2. Principal Place of Business 3. Mailing Address 130 Sunrise Ave. 130 Sunrise Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PH-1 PH-1 Applied For City & State 4. FEI Number City & State 59-1662185 Florida Palm Beach, Florida Palm Beach, Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33480 33480 USA Fee Required USA 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name CORPORATION INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET TALLAHASSEE FL 32301 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **XX**Change ☐ Addition TITLE TITLE ☐ Delete SEELEY, PAMELA NAME NAME SEELEY, PAMELA STREET ADDRESS STREET ADDRESS 665 N COUNTY RD 130 Sunrise Ave., PH-1 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Palm Beach, FL 33480 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS 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

NING OFFICER OR DIRECTOR

4-19-80

changed, or on an attachment

with an address, with all other like

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