

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90091 037 \*\*\*150.00

**DOCUMENT # F16884**

1. Entity Name

**EXECUTIVE SOUTHERN INVESTIGATIONS, INC.**

Principal Place of Business

679 WELLINGTON STATION BLVD  
P.O. BOX 2753  
ORMOND BEACH FL 32174  
US

Mailing Address

679 WELLINGTON STATION BLVD  
P.O. BOX 2753  
DAYTONA BEACH FL 32115  
US

B0007364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1042 N. U.S. HWY 1

3. Mailing Address

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

City & State  
ORMOND BEACH, FL

City & State

Zip  
32174

Country  
US

Zip

Country

4. FEI Number 59-2224130

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, ROBERT K.  
679 WELLINGTON STATION BLVD  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

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

1042 N. U.S. HWY 1

SUITE 2

City ORMOND BEACH

FL

Zip Code 32174

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 ROBERT K. WALKER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-01

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 P  
NAME WALKER, ROBERT K.  
STREET ADDRESS 679 WELLINGTON STATION BLVD  
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE VST  
NAME BARNES, JAMES T.  
STREET ADDRESS 679 WELLINGTON STATION BLVD  
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 1042 N. U.S. HWY 1, SUITE 2  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 1042 N. U.S. HWY 1, SUITE 2  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K. WALKER

1-12-01

Date

904-672-1420

Daytime Phone #

CR2E034 (10/00)

0451490