

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90233 030 ***150.00

0460732 AV

DOCUMENT # G94461

1. Entity Name

EXECUTIVE, INC. HOMES, CONDOS & INVESTMENTS

Principal Place of Business

**132 ISLAND WAY
 CLEARWATER FL 34630**

Mailing Address

**132 ISLAND WAY
 CLEARWATER FL 34630**

420411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2390710

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEITHER, ELIZABETH
 132 ISLAND WAY
 CLEARWATER FL 34630**

Name

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

City

FL

Zip Code

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

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

(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 \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	SEITHER, KIMBERLY ANN	
STREET ADDRESS	240 WINDWARD PASSAGE, #804	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SUBKO, REGINA ROCHELE	
STREET ADDRESS	2331 NORTHEAST 49TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEITHER, ELIZABETH C.	
STREET ADDRESS	240 WINDWARD PASSAGE #804	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITHER KOTSOVOLOS, KIMBERLY ANN	
STREET ADDRESS	240 WINDWARD PASSAGE 132 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER, FL 34630 33767	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBKO, REGINA ROCHELE	
STREET ADDRESS	2331 NORTHEAST 49TH ST	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITHER, ELIZABETH C.	
STREET ADDRESS	132 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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

Date

Daytime Phone #

3/6/2002

CR2E034 (9/01)