

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90005 020 ***150.00

DOCUMENT # **J 11532** **R**
 1. Entity Name
EXECUTIVE & MANAGEMENT SERVICES
INTERNATIONAL, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
4351 SANCTUARY WAY **4351 SANCTUARY WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
BONITA SPRINGS FL. **BONITA SPRINGS FL**
 Zip Country Zip Country
34134 **LEE** **34134** **LEE**

00003922

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LARRY R. PEARSON
4351 SANCTUARY WAY
BONITA SPRINGS FL 34134

4. FEI Number **59-2675708**
 Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____
 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, 2000 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	PSID	<input type="checkbox"/> Delete
NAME	PEARSON LARRY R.	
STREET ADDRESS	4351 SANCTUARY WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHRISTOPHER L. PEARSON	
STREET ADDRESS	502 S. FREMONT APT 902	
CITY-ST-ZIP	TAMPA FL. 33606	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ADDRESS ONLY	
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		
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: **Larry R. Pearson** **LARRY R. PEARSON** **6/6/00** **941-498-4910**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)