

2002 UNIFORM BUSINESS REPORT (UBR)

8/21

FILED
Sep 08, 2002 8:00 am
Secretary of State

08-28-2002 90038 001 ***100.00

DOCUMENT # L01000006304

1. Entity Name

EXECUTIVE SUITES OF ORLANDO, LLC

Principal Place of Business

**2109 TUSCARORA TRAIL
 MAITLAND FL 32751**

Mailing Address

**2109 TUSCARORA TRAIL
 MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3724088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WHIGHAM, FRANK C
 200 W. FIRST ST.
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **ROBERT L. CRAMER**

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

2109 TUSCARORA TRAIL

City **MAITLAND**

FL

Zip Code **32751**

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 *Robert L. Cramer*
 Signature, typed or printed name of registered agent and title if applicable.

ROBERT L. CRAMER
 (NOTE: Registered Agent signature required when reinstating)

8-25-02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **MORRIS, FRED B**
 STREET ADDRESS **214 MORTAN LANE**
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **MGRM** ☐ Delete
 NAME **MORRIS, ARGENTINA**
 STREET ADDRESS **214 MORTAN LANE**
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **MGRM** ☐ Delete
 NAME **REVOCABLE TRUST AGREEMENT ROBERT L CRAMER**
 STREET ADDRESS **2109 TUSCARORA TRAIL**
 CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robert L. Cramer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-25-02 407-647-4478
 Date Daytime Phone #

CR2E083 (4/02)