

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90610 033 ****50.00

DOCUMENT # L01000013038

1. Entity Name
EXECUTIVE VENTURES, L.L.C.



Principal Place of Business

**455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770**

Mailing Address

**455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770**

2. Principal Place of Business

10225 ULMERTON ROAD

Suite, Apt. #, etc.

Suite 3D

City & State

Largo, FL

Zip

33771

Country

Pinellas

3. Mailing Address

10225 ULMERTON ROAD

Suite, Apt. #, etc.

Suite 3D

City & State

Largo, FL

Zip

33771

Country

Pinellas



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3739333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARSENAULT, KENNETH G JR
10225 ULMERTON ROAD
SUITE 2
LARGO FL 33771**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **VELTMAN, DAVID M**
STREET ADDRESS **455 N. INDIAN ROCKS ROAD**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10225 ULMERTON ROAD, Suite 3D**
CITY-ST-ZIP **Largo, FL 33771**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)