2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90706 024 ****61.25

DOCUMENT # N02000001129

1. Entity Name
THE EXECUTIVE NETWORK OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
18501 MURDOCK CIR., STE. 304 PORT CHARLOTTE FL 33948	18501 MURDOCK CIR., STE. 304 PORT CHARLOTTE FL 33948

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: PO Box 495182	Suite, Apt. #, etc.: PO Box 495182
City & State: Port Charlotte FL	City & State: Port Charlotte FL
Zip: 33949-5182 Country: USA	Zip: 33949-5182 Country: USA

4. FEI Number: 65-1152262 ☐ Applied For ☐ Not Applicable

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
SIEGEL, GLENN N ESQ 18501 MURDOCK CIR., STE. 304 PORT CHARLOTTE FL 33948	Name: William J Comber Street Address (P.O. Box Number is Not Acceptable): 214 Wood St #113 City: Punta Gorda FL Zip Code: 33950

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: William J Comber President 3/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUSSEY, PATRICK 5204 5TH AVE. DR. NW BRADENTON FL 34209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Comber, William 214 Wood St #113 Punta Gorda, FL 33950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARX, DAWN M 21224 BASSETT AVE. PORT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PADGETT, NANCY F 14578 RIVER BEACH DR., #412 PORT CHARLOTTE FL 33953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, T. Daniel L. Murphy 4032 Beaver Lake Loop Port Charlotte, FL 33952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED William J Comber 3/21/03 941-575-9818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #