

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90062 045 ***150.00

0632265

DOCUMENT # P00000003409

1. Entity Name

FLORIDA EXECUTIVE VILLAS INCORPORATED

Principal Place of Business

**5 DIGSWELL HOUSE, MONKS RISE
 WELWYN GARDEN CITY
 HERTFORDSHIRE AL87NX ENGLAND**

Mailing Address

**5 DIGSWELL HOUSE, MONKS RISE
 WELWYN GARDEN CITY
 HERTFORDSHIRE AL87NX ENGLAND**

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

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

**POHL & SHORT, P.A.
 280 WEST CANTON AVE., STE. 410
 WINTER PARK FL 32790**

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, 2001 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 **D** ☐ Delete
 NAME **HUNT, GRAHAME S**
 STREET ADDRESS **5 DIGSWELL HOUSE, MONKS RISE**
 CITY-ST-ZIP **HERTFORDSHIRE AL87NX ENGLAND**

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

TITLE **D** ☐ Delete
 NAME **HUNT, JANET**
 STREET ADDRESS **5 DIGSWELL HOUSE, MONKS RISE**
 CITY-ST-ZIP **HERTFORDSHIRE AL87NX ENGLAND**

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

TITLE ☐ Delete
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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

Grahame Hunt

Date

Daytime Phone #

March 11th 2001

011 44 1707 37274

CR2E034 (10/00)