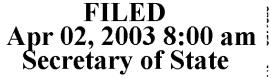
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000038729 **DOCUMENT #** 1. Entity Name



04-02-2003 90382 018 ***150.00

MAININAIN EXECUTIVE SERVICES, INC.									
Principal Place of Business 7330 SAWGRASS POINT DR. PINELLAS PARK FL 33782		Mailing Address 7330 SAWGRASS POINT DR. PINELLAS PARK FL 33782							
2. Principal P	Place of Business	3. Mailing Address			1	##		11510 1011 1981	
Same as above		Same as above							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING (HANGES		
City & State		City & State			4. F	El Number 59-3643599	<u> </u>	oplied For	1
Zip	Country	Zip	Coun	itry	5. C		8.75 Ad	ditional	1
	6. Name and Address of Current	Registered Agent	<u> </u>	I	7. N	ame and Address of New Registered Ag			ł
o. Hallis alia Adaless di Salisia Inggistorea Agent				Name					1
HANNAN, ROBERT W				Change And I	(D.C. 5)	Notice has in Alex Advantage 1-1			┨╴
-	VGRASS POINT DR.			Street Address ((P.O. Bo	ox Number is Not Acceptable)			
	PARK FL 33782								1
12	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City		FL	Zip Coc	le	1
8. The above	named entity submits this statement fo	r the purpose of changing i	its registere	L ed office or register	red age	ent, or both, in the State of Florida. I am fa	<u>I</u> niliar with,	and accept	1
	ions of registered agent.		3	· ·					1
: CIGNATURE	Colone 7 7	Chroman .				3-31-0-	3		ĺ
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (No	OTE: Registere	d Agent signature required	d when rei	nstating) DATE			
F	ILE NOW!!! FEE IS \$150.00					• 5 . 0 . 5	05.6		1
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State				 Election Campaign Financing Trust Fund Contribution. 		O May Be d to Fees	
	OFFICERS AND		- 1 44			DITIONS/CHANGES TO OFFICERS AND D	IDECTOR	C IN 11	
10.	PD OFFICERS AND	Delete	11.	.	ADI		Change	Addition	1
TITLE Name	HANNAN, ROBERT W	□ Delete	NAM	l l		'	Change	,	1
STREET ADDRESS	7330 SAWGRASS POINT DR.		STRE	ET ADDRESS					
CITY-ST-ZIP	PINELLAS PARK FL 33782		CITY	-ST-ZIP					١
TITLE	STD	☐ Delete	TITLE	E			Change	Addition	Ì
NAME	HANNAN, BARBARA J		NAM						
STREET ADDRESS	7330 SAWGRASS POINT DR.			ET ADDRESS					
CITY-ST-ZIP	PINELLAS PARK FL 33782	T Delate		-ST-ZIP			7.05		┨
title Name		Delete	TITLE	는 이 보호는 것 .	. ستامی		Change	☐ Addition	ĺ
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CITY-ST-ZIP			CITY	- ST- ZIP					Ì
TITLE		☐ Delete	TITLE				Change	Addition	1
NAME			NAM	Ε					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					<u>ا</u> ا
TITLE		☐ Delete	TITLE	ŀ			Change	Addition	
NAME STREET ADDRESS			NAMI STRE	E ET ADDRESS			•		
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME		Line Coloro	NAMI						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					1

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 607, 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:

3-3163 727-541-4925