

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000061373**1. Entity Name  
EXECUTIVE SCIENTIFICS, INC.Principal Place of Business  
141 EAST CENTRAL AVE STE 240  
WINTER HAVEN FL 33880Mailing Address  
141 EAST CENTRAL AVE STE 240  
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address  
P.O. BOX 1014

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City & State  
WINTER HAVEN FL

Zip Country

Zip Country  
338824. FEI Number  
59-3658837Applied For  
Not Applicable5. 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

MCCALLISTER WILLIAM L  
2216 SAWGRASS CT

WINTER HAVEN FL 33884 US

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 **WILLIAM L. MCCALLISTER**

05/01/2001

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 VP ☐ Delete  
NAME LAPOLLO HELGA  
STREET ADDRESS 2216 SAWGRASS CT.  
CITY-ST-ZIP WINTER HAVEN FL 33882TITLE VP ☒ Change ☐ Addition  
NAME LAPOLLO HELGA  
STREET ADDRESS 2216 SAWGRASS CT.  
CITY-ST-ZIP WINTER HAVEN FL 33884TITLE P ☐ Delete  
NAME MCCALLISTER WILLIAM L  
STREET ADDRESS 2216 SAWGRASS CT.  
CITY-ST-ZIP WINTER HAVEN FL 33882TITLE P ☒ Change ☐ Addition  
NAME MCCALLISTER WILLIAM L  
STREET ADDRESS 2216 SAWGRASS CT.  
CITY-ST-ZIP WINTER HAVEN FL 33884TITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **William L. McCallister**

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)