


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P01000004787 <b>1. Entity Name</b> <b>EXECUTIVE GROUP CORPORATION</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -8 PM 4:53

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <b>2430 South Atlantic Avenue</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <b>400 South Atlantic Avenue</b> Suite, Apt. #, etc. <b>Suite 400</b>
<b>City &amp; State</b> <b>Daytona Beach Shores, Florida</b>	<b>City &amp; State</b> <b>Ormond Beach, Florida</b>
<b>Zip</b> <b>32118</b>	<b>Country</b> <b>United States</b>
<b>Zip</b> <b>32176</b>	<b>Country</b> <b>United States</b>

600016322686  
04/18/03--01041--013 \*\*300.00

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> <b>593692287</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> Spiegel & Utrera, P.A.	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1840 Southwest 22 Street	
	<b>4th Floor</b>	
	<b>City</b> Miami	<b>FL</b>

**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** Spiegel & Utrera, P.A.

**SIGNATURE** By:   
Signature, typed or printed name of registered agent (required when reinstating) **Natalia Utrera, Vice President**

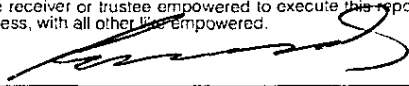
4/7/03  
DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD Allan Havers</b> <b>8 Brook Crest Way</b> <b>Ormond Beach, FL 32174</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S Allan Havers</b> <b>8 Brook Crest Way</b> <b>Ormond Beach, FL 32174</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T Kirsty Havers</b> <b>8 Brook Crest Way</b> <b>Ormond Beach, FL 32174</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **President**

**3-25-03**

**386 615 2028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



# ***Executive Group Security***

***400 South Atlantic Avenue, Suite 104, Aliko Plaza, Ormond Beach, FL 32176 Tel: (386) 615 2028 Fax: (386) 615 4603***

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March 25, 2003

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please find attached a completed reinstatement form for our corporation.

We did not receive any notices for 2002 and would appreciate it if you would waive the late fees and charges in this instance.

We thank you for your assistance in this matter.

Regards

Kirsty M Havers