

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90138 009 \*\*\*150.00

1. Entity Name  
**REMOTE EXECUTIVE SERVICES, INC.**

Principal Place of Business	Mailing Address
2340 BRANDON RD	2340 BRANDON RD
LAKELAND FL 33803	LAKELAND FL 33803

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State		4. FEI Number <b>59-3747523</b>		Applied For	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
						<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
CHARLTON, TAMI A 2340 BRANDON RD LAKELAND FL 33803	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$550.00</b>  <b>After September 13, 2002 Fee will be \$750.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CHARLTON, TAMI A 2340 BRANDON RD LAKELAND FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Shamir Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/02)

Attachment

Remote Executive Services, Inc.  
2340 Brandon Road  
Lakeland, FL 33803

September 5, 2002

Uniform Business Report  
Department of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: - Remote Executive Services, Inc.  
Document #P01000079379

To Whom It May Concern:

Please find enclosed a payment for my Uniform Business Report (Annual Report) in the amount of \$150.

Following the recommendation of your office, I am requesting that you waive the \$400 late fee, since I just received notice of this bill this month. Since this is only my second year incorporated, I was unaware this fee was due in May - and did not receive a statement indicating such.

Please advise me if this is acceptable.

Sincerely,



Tami Charlton  
President/Founder

/tac

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