

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90073 002 \*\*\*150.00

**DOCUMENT # P01000082686**

1. Entity Name  
**FLORIDA EXECUTIVE REAL ESTATE, INC.**



Principal Place of Business  
**413 BUTTONWOOD LANE  
LARGO FL 33770**

Mailing Address  
**413 BUTTONWOOD LANE  
LARGO FL 33770**



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 **59-3739494**

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

**FORD, CHRIS  
413 BUTTONWOOD LANE \*  
LARGO FL 33770**

**PLEASE NOTE  
CORRECTIONS. \***

Name **FORD, CHRIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**413 Buttonwood Lane**

City **LARGO, FL** Zip Code **33770**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/15/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PSTD FORD, CHRISTOPHER C/o Ford Agency**  
STREET ADDRESS **1150 CLEVELAND STREET**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☒ Change ☐ Addition  
NAME **PSTD FORD, CHRISTOPHER, C/o Ford Agency**  
STREET ADDRESS **1130 CLEVELAND ST.**  
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Delete  
NAME **1130 CLEVELAND**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/2/03**

Daytime Phone # **4612224**

CR2E034 (10/02)