

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90144 018 ***150.00

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1. Entity Name
CENTRAL FLORIDA EXECUTIVE SERVICES, INC.



Principal Place of Business
**12805 WINNERS CIR.
SPRING HILL FL 34610**

Mailing Address
**12805 WINNERS CIR.
SPRING HILL FL 34610**



2. Principal Place of Business
152 WHITAKER ROAD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1530
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LUTZ FL.

City & State
LUTZ FL

4. FEI Number **APPLIED FOR**
01-0709648

Applied For
Not Applicable

Zip
33549

Country

Zip
33548

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JORDAN, EDWARD P II
13543 E. HWY. 50
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **JAMES D. BRITT**
Street Address (P.O. Box Number is Not Acceptable)
152 WHITAKER ROAD
City **LUTZ** FL Zip Code **33549**

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 fee if applicable.

JAMES D. BRITT
(NOTE: Registered Agent signature required when reinstating)

4-24-03
DATE

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, JAMES 12805 WINNERS CIR. SPRING HILL FL 34610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GARY SARABIA 1247 KAYAK COR LUTZ, FL 33559	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JAMES D. BRITT** **4-24-03** **813-948-8157**
Date Daytime Phone #

CR2E034 (10/02)