

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90738 042 ***150.00

DOCUMENT # P01000120239

1. Entity Name

EXECUTIVE INCENTIVE SERVICE CORP.

DO NOT WRITE IN THIS SPACE

80123404

2. Principal Place of Business

Pershing Yoakley & Assoc.

3. Mailing Address

Suite, Apt. #, etc.

2963 Gulf to Bay Blvd., Ste 267

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

4. FEI Number

80-0044711

Applied For

Not Applicable

Zip

Country

33759

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

J.-Matthew Marquardt, Esq.

Street Address (P.O. Box Number is Not Acceptable)

625 Court Street, Suite 200

City

Clearwater

FL

Zip Code
33756

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Fernando Schlottmann
Heidestr. 80
Wuppertal, Germany 42345

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Marquardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. MARQUARDT, REGISTERED AGENT

May 1, 2002

Date

(727) 4418966

Daytime Phone #

CR2E034B (12/01)