

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90278 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000120239 1. Entity Name EXECUTIVE INCENTIVE SERVICE CORP.																			
Principal Place of Business PERSHING YOAKLEY & ASSOC. 2963 GULF TO BAY BLVD., STE 267 CLEARWATER, FL 33759			Mailing Address PERSHING YOAKLEY & ASSOC. 2963 GULF TO BAY BLVD., STE 267 CLEARWATER, FL 33759																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																
City & State			City & State																
Zip		Country		4. FEI Number 80-0044711															
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable															
6. Name and Address of Current Registered Agent MARQUARDT, J MATTHEW ESQ 626 COURT STREET STE 200 CLEARWATER, FL 33766				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City															
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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when registering)</small>																			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees															
10. OFFICERS AND DIRECTORS																			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 5px;"> SCHLOTTMANN, FERNANDO HEIDESTR 80 42346 WUPPERTAL GERMANY, </td> <td style="padding: 5px;"> Change <input type="checkbox"/> Addition <input type="checkbox"/> </td> </tr> <tr> <td style="padding: 5px;"> Delete <input type="checkbox"/> </td> <td style="padding: 5px;"> Change <input type="checkbox"/> Addition <input type="checkbox"/> </td> </tr> <tr> <td style="padding: 5px;"> Delete <input type="checkbox"/> </td> <td style="padding: 5px;"> Change <input type="checkbox"/> Addition <input type="checkbox"/> </td> </tr> <tr> <td style="padding: 5px;"> Delete <input type="checkbox"/> </td> <td style="padding: 5px;"> Change <input type="checkbox"/> Addition <input type="checkbox"/> </td> </tr> <tr> <td style="padding: 5px;"> Delete <input type="checkbox"/> </td> <td style="padding: 5px;"> Change <input type="checkbox"/> Addition <input type="checkbox"/> </td> </tr> <tr> <td style="padding: 5px;"> Delete <input type="checkbox"/> </td> <td style="padding: 5px;"> Change <input type="checkbox"/> Addition <input type="checkbox"/> </td> </tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHLOTTMANN, FERNANDO HEIDESTR 80 42346 WUPPERTAL GERMANY,	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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 like empowered.																			
SIGNATURE: <u>F. Schlottmann</u> <u>04/08/03</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>																			

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☐ CHECK HERE IF MAKING CHANGES

CDE334 (10/02)