

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

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90091 003 \*\*\*150.00

DOCUMENT # **P02000011872**

1. Entity Name

**Executive Service Group Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1158 Ginger Circle**

3. Mailing Address

**1158 Ginger Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Weston, FL**

**Weston, FL**

Zip

Country

Zip

Country

**33326**

**33326**

4. FEI Number

**04-3603500**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Harry Blustein**

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

**1158 Ginger Circle**

City

**Weston**

**FL**

Zip Code

**33326**

8. The above named entity submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/13/03.**

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 \$81.25**

**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

**President  
Blustein, Harry  
1158 Ginger Circle  
Weston, FL 33326**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03**

Date

Daytime Phone #

CR2E034B (12/01)