


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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90123 021 \*\*\*150.00

DOCUMENT # *P02000131052*

1. Entity Name  
*THE EXECUTIVE OFFICE, INC.*



**20024400**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*PO BOX 4249*

3. Mailing Address  
*P.O. BOX 4249*

Suite, Apt. #, etc.

City & State  
*Winter Park, FL*

City & State  
*Winter Park, FL.*

Zip  
*32793*

Country  
*US*

Zip  
*32793*

Country  
*US*

DO NOT WRITE IN THIS SPACE

4. FEL Number  
*APPLIED FOR*

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Mark Somerstein, Esq.*

Street Address (P.O. Box Number is Not Acceptable)  
*200 E. Broward Blvd., 18th Floor*

City  
*Ft. Lauderdale* **FL** Zip Code  
*33301*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 <i>D, P Cheryl Schmidt PO Box 4249 Winter Park, FL. 32793</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>S, T Patti Carroll PO Box 4249 Winter Park, FL. 32793</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: *[Signature]* *Cheryl Schmidt, Director/Pres. 1/28/03* *407-672-0330*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/02)