

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19024

1. Entity Name

EXECUTIVE SEARCH INTERNATIONAL, LTD., INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90020 017 ***158.75

Principal Place of Business

Mailing Address

733 N. MAGNOLIA AVE.
ORLANDO FL 32803
US

733 N. MAGNOLIA AVE.
ORLANDO FL 32803-3835
US

2. Principal Place of Business

733 N. Magnolia Ave.

Suite, Apt. #, etc.

3. Mailing Address

733 N. Magnolia Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

06-1223487

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, STEVE
725 N MAGNOLIA AVENUE
ORLANDO FL 32803

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WOSGIEN, BERND K.
STREET ADDRESS 733 N. MAGNOLIA AVE.
CITY-ST-ZIP ORLANDO FL

TITLE T ☐ Change ☒ Addition
NAME LENA WOSGIEN
STREET ADDRESS 733 N. MAGNOLIA AVE.
CITY-ST-ZIP ORLANDO, FL

TITLE S ☐ Delete
NAME DELONY, MANJE
STREET ADDRESS 8637 PISA DRIVE #1026
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 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

Date

Daytime Phone #

Bernd K. Wosgien 4-20-2000 (407) 926-6000

CR2E034 (9/99)