2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 08:00 AM
Secretary of State

DOCUMENT # **P94000051497**

1. Entity Name
MAGNOLIA EXECUTIVE SUITES, INC.

Principal Place of Business	Mailing Address
16029 N FLA AVE	PO BOX 370140
LUTZ FL	TAMPA FL
33549 US	33697 US

2. Principal Place of Business	3. Mailing Address
16017 NORTH FLORIDA AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ FL	City & State
Zip: 33549 / Country: US	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3253458** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETCHE MARK AESQ
16029 N. FLA AVE
LUTZ FL
33549 US

7. Name and Address of New Registered Agent

Name: PETCHE MARK AESQ
Street Address (P.O. Box Number is Not Acceptable): 16017 NORTH FLORIDA AVENUE
City: LUTZ **FL** Zip Code: 33549

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 ____________________ 04/13/2001
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PETCHE DARLENE T 16017 NORTH FLORIDA AVENUE LUTZ FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS PETCHE MARK AESQ 16029 N. FLA AVE LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PETCHE MARK AESQ 16017 NORTH FLORIDA AVENUE LUTZ FL 33549	☒ Change ☐ Addition
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CR2E034 (11/00)

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: DARLENE T. PETCHE DV 04/13/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #