

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011519

1. Entity Name

EXECUTIVE SYSTEMS INTEGRATORS, INC.

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90015 011 \*\*\*150.00

Principal Place of Business

Mailing Address

2301 STIRLING ROAD  
200A  
FT. LAUDERDALE FL 33312

2301 STIRLING ROAD  
200A  
FT. LAUDERDALE FL 33312-6529

2. Principal Place of Business

3. Mailing Address

4801 So. UNIVERSITY DR

Same as # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 3010

City & State

City & State

DAVIE, FL.

4. FEI Number

65-0644206

Applied For

Not Applicable

Zip

Country

Zip

Country

33328

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

COSTAGLIOLA, VINCENT  
6558 SW 41ST ST  
DAVIE FL 33314

Name

Same

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)

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**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 NAME STREET ADDRESS CITY-ST-ZIP	VP COSTAGLIOLA, VINCENT 6558 SW 41ST ST DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMS, BARBARA E 2276 SW 183RD TERRACE MIRAMAR FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara E. Arms BARBARA E. ARMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

(954) 434-8828

Date

Daytime Phone #

CR2E034 (9/99)