

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047141

1. Entity Name
EXECUTIVE CHARTERS, INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90164 032 ***558.75

0092292
AV

Principal Place of Business
100 SECOND AVENUE SOUTH
SUITE #704
ST. PETERSBURG FL 33701

Mailing Address
100 SECOND AVENUE SOUTH
SUITE #704
ST. PETERSBURG FL 33701

B0133869



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2430 Estancia Blvd.		3. Mailing Address 2430 Estancia Blvd.	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104	
City & State Clearwater, FL 33761		City & State Clearwater, FL 33761	
Zip 33761	Country USA	Zip 33761	Country USA
4. FEI Number 59-3380926		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent GIBBS, B G 100 SECOND AVENUE SOUTH SUITE #704 ST. PETERSBURG FL 33701		7. Name and Address of New Registered Agent Name HAMDEN H. BASKIN, III, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 516 N. Ft. Harrison Ave. City Clearwater FL Zip Code 33755	
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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 *[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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLEW, DELANO 1540 GULF BOULEVARD CLEARWATER FL 34630 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GIBBS, B. GRAY ESQ 100 SECOND AVENUE SOUTH, SUITE #704 ST. PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, WILLIAM 6090 CENTRAL AVE SAINT PETERSBURG FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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

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]* 7/29/02 727 726-9478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)