FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## May 01, 2001 8:00 am DOCUMENT # P97000073733 Secretary of State EXECUTIVE PROPERTY SERVICES, INC. 05-01-2001 90015 031 \*\*\*150.00 Principal Place of Business Mailing Address 121 24TH ST W P.O. BOX 9064 **BRADENTON FL 34205 BRADENTON FL 34206** 2. Principal Place of Business 3. Mailing Address 209 24th St W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0778349 A. Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLOUSE, D. MICHAELTJR Box Number is Not Acceptable) 121 24TH ST W **BRADENTON FL 34205** 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. D. Michael Clouse FILE NOW!!!-FEE IS \$150.00 9.—This corporation is cliaible to eatisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President CH2E034 (10/00) TITLE ☐ Delete TITLE Clouse D. Mich 2009 Suth Stw Michael Jr. CLOUSE, MICHAEL D-JR NAME STREET ADDRESS STREET ADDRESS 121 24TH ST W CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34205 Change Change TITLE ☐ Delete TITLE Addition CLOUSE, KELLIE L NAME NAME STREET ADDRESS STREET ADDRESS 121 24TH ST W CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34205 > Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 many powered.

Michael Clouse . Jr.