


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>Pa9000102485</u>	
1. Entity Name <u>Admin Exec Services, Inc.</u>	

FILED

03 APR 17 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800016209648

04/17/03--01039--001 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1404 Whitfield Ave</u> Suite, Apt. #, etc.	3. Mailing Address <u>1404 Whitfield Ave</u> Suite, Apt. #, etc.
City & State <u>SARASOTA, FL</u>	City & State <u>SARASOTA FL</u>
Zip <u>34243</u> Country <u>US</u>	Zip <u>34243</u> Country <u>US</u>

4. FEI Number <u>59-3483085</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name <u>NANCY L. COOK</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1404 Whitfield Ave</u>	
City <u>SARASOTA</u>	FL Zip Code <u>34243</u>

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 Nancy L. Cook NANCY L. COOK 4/15/03
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>NANCY L. COOK</u> <u>1404 Whitfield Ave</u> <u>SARASOTA, FL 34243</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY/TREAS</u> <u>NANCY L. COOK</u> <u>1404 Whitfield Ave</u> <u>SARASOTA, FL 34243</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>NANCY COOK</u> <u>1404 Whitfield Ave</u> <u>SARASOTA, FL 34243</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: Nancy L. Cook 4/15/03 941-758-1704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)