

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103347

1. Entity Name

EXECUTIVE ACCOMMODATIONS, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90088 035 ***550.00

Principal Place of Business

7025 BERACASA WAY
SUITE 105C
BOCA RATON FL 33433
US

Mailing Address

7025 BERACASA WAY
SUITE 105C
BOCA RATON FL 33433
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0798743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANTZ, RONALD K
1850 FOREST HILL BLVD
SUITE 101
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

CULLEN, WILLIAM J.

Street Address (P.O. Box Number is Not Acceptable)

7172 CATALINA WAY

City

LAKE WORTH

FL

Zip Code

33467

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)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PSTD
NAME CULLEN, WILLIAM A
STREET ADDRESS 7172 CATALINA WAY
CITY-ST-ZIP LAKE WORTH FL 33467

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME CULLEN, WILLIAM J.
STREET ADDRESS 7172 CATALINA WAY
CITY-ST-ZIP LAKE WORTH, FL 33467

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)