

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90393 030 ***150.00

DOCUMENT # P98000059729

1. Entity Name

EXECUTIVE SUITES OF AMERICA, INC.

Principal Place of Business 13400 S. CLEVELAND AVENUE, UNIT 203 FORT MYERS FL 33907	Mailing Address 13400 S. CLEVELAND AVENUE, UNIT 203 FORT MYERS FL 33907-3897
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3675 LIBERTY SQUARE Suite, Apt. #, etc.	3. Mailing Address same Suite, Apt. #, etc.
City & State FT MYERS, FL	City & State
Zip 33908	Country USA

4. FEI Number 65-0847837	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STILPHEN, PETER 13400 S. CLEVELAND AVENUE, UNIT 203 FORT MYERS FL 33907
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7. Name and Address of New Registered Agent Name: STILPHEN, PETER Street Address (P.O. Box Number is Not Acceptable): 3675 LIBERTY SQUARE City: FT MYERS FL Zip Code: 33908
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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. SIGNATURE: Peter Stilphen PETER STILPHEN Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/18/00
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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 \$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. <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 PSTD STILPHEN, PETER STREET ADDRESS 13400 S CLEVELAND AVE UNIT 203 ST-ZIP FORT MYERS FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3675 LIBERTY SQUARE FT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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 ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter Stilphen PETER STILPHEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/18/00 Daytime Phone #: 941-454-5831

CR2E034 (9/99)