

**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 <b>3675 LIBERTY SQUARE</b> Suite, Apt. #, etc.	3. Mailing Address <b>same</b> Suite, Apt. #, etc.
City & State <b>FT MYERS, FL</b>	City & State
Zip <b>33908</b>	Country <b>USA</b>

4. FEI Number <b>65-0847837</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STILPHEN, PETER**  
**13400 S. CLEVELAND AVENUE, UNIT 203**  
**FORT MYERS FL 33907**

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** State: **FL** Zip Code: **33908**

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** DATE: **4/18/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13400 S CLEVELAND AVE UNIT 203		STREET ADDRESS 3675 LIBERTY SQUARE	
ST-ZIP FORT MYERS FL 33907		CITY-ST-ZIP FT MYERS, FL 33908	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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** DATE: **4/18/00** DAYTIME PHONE #: **941-454-5831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR