

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90191 039 ***150.00

DOCUMENT # P98000063246

1. Entity Name
EXECUTIVE RESOURCES LIMITED, INC.



Principal Place of Business
**2042 HAWAII AVENUE NORTHEAST
ST. PETERSBURG FL 33703**

Mailing Address
**2042 HAWAII AVENUE NORTHEAST
ST. PETERSBURG FL 33703**



2. Principal Place of Business
290 9th ST. N.

3. Mailing Address
P.O. Box 909

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG

4. FEI Number
59-3535212

Applied For
Not Applicable

Zip
33705

Country
USA

Zip
33731

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWTON, ROBERT E JR.
2042 HAWAII AVENUE NORTHEAST
ST. PETERSBURG FL 33703**

Name

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

City

FL

Zip Code

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 *mw*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NEWTON, ROBERT E JR.**
CITY-ST-ZIP **2042 HAWAII AVENUE NORTHEAST
ST. PETERSBURG FL 33703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 11 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

4-9-03

727-823-1690

Date

Daytime Phone #

CR2E034 (10/02)