

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91101 039 \*\*\*150.00

DOCUMENT # **P99000059520**

1. Entity Name

**THE EXECUTIVE CONNECTION, INC.**



Principal Place of Business

**880 ROYALWOOD LANE  
OVIEDO FL 32765**

Mailing Address

**880 ROYALWOOD LANE  
OVIEDO FL 32765**

2. Principal Place of Business

**880 Royalwood Ln  
Suite, Apt. #, etc.**

3. Mailing Address

**880 Royalwood Ln  
Suite, Apt. #, etc.**

City, State

**Oviedo FL**

City, State

**Oviedo FL**

Zip

**32765 US**

Zip

**32765 US**

Country

**US**

4. FEI Number

**59-3586470**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GIBBS, B GRAY**

**100 SECOND AVE S SUITE 704  
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

**Gibbs, B Gray**

**100 Second Ave S Suite 100**

**ST Petersburg FL 33706**

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

**B. Gray Gibbs**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/03**

**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

TITLE **P** ☐ Delete  
NAME **NOBLOCK, KAREN**  
STREET ADDRESS **880 ROYALWOOD LANE**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

**KAREN NOBLOCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)