

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/28

**FILED**

**Apr 24, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90095 002 \*\*\*150.00

**DOCUMENT # P99000077440**

1. Entity Name

**EXECUTIVE CONSTRUCTION & DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

5201 VILLAGE BLVD  
WEST PALM BEACH FL 33407

5201 VILLAGE BLVD  
WEST PALM BEACH FL 33407-7907

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

65-0946959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~  
~~1201 HAYS STREET~~  
~~TALLAHASSEE FL 32301-2525~~

Name **NEEDLE, ROBERT**

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

**5201 VILLAGE BLVD**

City **West Palm Bch**

**FL**

Zip Code

**33407**

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

**4/22/00**

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  
NAME **D NEEDLE, DAVID** ☐ Delete  
STREET ADDRESS **5201 VILLAGE BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **PRES / Director** ☐ Change ☒ Addition  
STREET ADDRESS **NEEDLE, ROBERT**  
CITY-ST-ZIP **5201 VILLAGE BLVD**  
**West Palm Bch, FL 33407**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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 true information.

SIGNATURE:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/22/00**

**561-687-1994**