

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085347

1. Entity Name  
**EXECUTIVE SERVICES NETWORK, INC.**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90001 029 \*\*\*150.00

Principal Place of Business  
**1403 MACLAY COMMERCE DR., STE. 7  
TALLAHASSEE FL 32312**

Mailing Address  
**1403 MACLAY COMMERCE DR., STE. 7  
TALLAHASSEE FL 32312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4227 CARNWATH ROAD  
Suite, Apt. #, etc.  
TALLAHASSEE, FLORIDA  
City & State**

3. Mailing Address  
**4227 CARNWATH ROAD  
Suite, Apt. #, etc.  
TALLAHASSEE, FLORIDA  
City & State**

4. FEI Number **59-3602285** Applied For  
Not Applicable

Zip **32303** Country **LEON** Zip **32303** Country **LEON**

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

6. Name and Address of Current Registered Agent  
**COLLINS, SUE C  
1403 MACLAY COMMERCE DR., STE. 7  
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent  
Name **COLLINS, SUE C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4227 CARNWATH ROAD**  
City **TALLAHASSEE** FL Zip Code **32303**

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 *Sue C Collins President* DATE **03 16 01**  
(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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COLLINS, SUE C 4227 CARNWATH RD TALLAHASSEE FL 32303</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WYNN, SHARON 420 E PARK AVE TALLAHASSEE FL 32303</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JENKINS, BERTHA A 4227 CARNWATH RD TALLAHASSEE FL 32303</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TILLMAN, LANA J P O BOX 16454 PLANTATION FL 33318</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 687, 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: *SUE C. COLLINS / Sue C Collins* DATE **03 16 01** (850) 562-3617  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)