

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03002

1. Entity Name
EXECUTIVE MANAGEMENT SALES & LEASING CORP.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90475 031 ***150.00

Principal Place of Business
1591 GULF BLVD.
UNIT 401-S
CLEARWATER FL 33767

Mailing Address
1591 GULF BLVD.
UNIT 401-S
CLEARWATER FL 33767



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14550 GRANDE CAY CIRCLE
Suite, Apt. #, etc. **2201**

3. Mailing Address
14550 GRANDE CAY CIRCLE
Suite, Apt. #, etc. **2201**

City & State
FT. MEYERS, FL.

City & State
FT. MEYERS, FL.

4. FEI Number **58-1941437**

Applied For
Not Applicable

Zip **33908** Country **USA**

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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

MOCERI, WILLIAM T.
1591 GULF BLVD.
UNIT 401-S
CLEARWATER FL 33767

Name **MOCERI WILLIAM T.**
Street Address (P.O. Box Number is Not Acceptable)
14550 GRANDE CAY CIRCLE
UNIT # 2201
City **FT. MEYERS** FL **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 **WM.T. MOCERI** **1/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDV MOCERI, WILLIAM, T 1591 GULF BLVD. #401S CLEARWATER FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14550 GRANDE CAY CIRCLE # 2201 FT. MEYERS, FL. 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MOCERI, WILLIAM, T 1591 GULF BLVD. #401S CLEARWATER FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14550 GRANDE CAY CIRCLE # 2201 FT. MEYERS, FL. 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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 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: **WM.T. MOCERI** **1/22/2001** **941-415-0069**
Signature, typed or printed name of signing officer or director Date Payline Phone
248-760-3321

CR2E034 (10/00)